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ORIGINAL ARTICLES.

THE SURGICAL TREATMENT OF PELVIC SUPPURATION.*

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PELVIC pathology includes no more fatal conditions than those that are associated with suppuration, and that may be broadly classed under the head of septicæmia.

But let us remember that septic poisoning is not of necessity dependent upon the presence of pus, or that suppuration is necessarily followed by septic poisoning. Some of the most marked and rapidly fatal cases of septic peritonitis I have seen were unaccompanied with suppuration; therefore it seems that this deadly poison, which once having invaded the system advances with well marked and regular irresistible steps, is not pus, or of necessity one of its products, but may be a direct result of the rapid multiplication and growth of organisms, which being already in the system, or gaining admission to it, receive their impetus to develop from conditions that lower the resisting power of the tissues, and thereby furnish pabulum for lower forms of life to feed upon.

It is true that septicæmia is frequently associated with suppuration, and we are justified, because of this close relation, in expecting to find one set of phenomena when we have the other; but clinical and pathological data at present point rather to a common cause, the effects of which are altered by the varying conditions which permit its activity. We may meet with suppuration without septic intoxication, or with septic intoxication without suppuration, or we may encounter both conditions, establishing the belief that one is not of necessity dependent upon the other.

While, therefore, pus in the pelvis presents, in *itself*, no very formidable conditions, the fact that it has developed gives evidence of the pathological forces at work, and serves as a warning of what *may* result, when Nature can no longer afford protection, and the septic poisons are permitted to generate and invade the organism, and give rise to that fatal condition which we call septicæmia. I have yet to see, or hear, of a typical case of septic peritonitis that has yielded to any form of treatment thus far suggested. We continue to apply our theories, and do not rest in our endeavors until the scene closes, but we know that the system is in the iron grasp of death; that the clouded intellect, and the dull countenance only indicate the ceasing of all functional activity, and that at present we are powerless to arrest the progress of the disease. The lighter cases of surgical fever, which are probably due to the liberation and absorption of some chemical substance, are not here included. Such cases run a rapid course, and uncomplicated are amenable to treatment. Very different from this is true septic peritonitis. In some instances the several stages are passed through rapidly, and we have to deal with a latent septic condition, which receives a fresh and fatal stimulus from the traumatism, which not only reduces resisting power, but in itself favors absorption, or with the growth of an especially virulent form of micrococci and the absorption of ptomaines.

In other cases the same stages are reached more slowly, but with like irresistible tread. In both the issue is the same. Treatment does not cure, nor does it delay by one hour what we feel from the beginning must follow—organic dissolution.

As at present we can expect little or nothing from the treatment of well developed septic peritonitis, our efforts must be directed to the prevention of the septic condition, to removing any possible source of infection that may exist in the pelvic cavity; hence our surgical treatment of pelvic suppuration.

Until within comparatively few years the pathology of pelvic suppuration has been obscured by traditional errors, and its surgical treatment based upon no certain lines. Now we have reason for assuming that a large proportion of the cases of pus in the female pelvis have their origin in the uterine appendages, and that pus in the male pelvis can almost always be traced to the vermiform appendix.

A striking analogy may be drawn between the pelvic organs in the two stages in which suppuration is most liable to occur, for while in one the appendages are useful, and probably their functional activity is a source of danger, and in the other the appendage serves no apparent use, being only a "survival," both sets of organs are attached to other organs with which they are functionally active, and both are subject to attacks of activity which seem especially liable to develop suppurative inflammation. The analogy may be carried still further when we consider the part infection plays in causing inflammation and suppuration in both organs, the gonococcus in the uterine appendages, and the bacillus coli communis in the vermiform appendix.

But it is not my intention to discuss the physi-

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ology and pathology of pelvic suppuration; the clinical aspect and surgical treatment will more especially engage our attention at this time.

Between suppuration of the uterus and suppuration of the appendages it is frequently exceedingly difficult to distinguish, save from the predominance of the general symptoms associated with uterine disorders over those we associated with ovarian and tubal derangements; indeed, the presence of pus in the pelvis, without regard to its origin or exact location, is sometimes so obscured as to render a diagnosis impossible and misleading. I recall a case that illustrates this point.

A young lady consulted me for painful, profuse and frequent menstruation. Examination under ether—the anæsthetic was made necessary by reason of excessive sensitiveness and a very small vagina—showed the pelvis to be occupied by a firm, solid tumor, which apparently involved the uterus, and extended above the umbilicus, and with what I considered an additional tumor invading the right iliac region. The most careful bi-manual examination, with the patient completely relaxed, failed to detect the slightest fluctuation in any part of the mass. So uniformly hard and unyielding was the growth that I had no hesitation in pronouncing it a uterine myoma, and recommending its removal. Upon opening the abdomen, I found the supposed fibroid to be composed of three enormous abscesses; one involving the left ovary and tube, the other the posterior cul-du-sac, the third the right broad ligament. Fully five quarts of pus were taken out of their cavities. This is only an instance of what may occur under the most favorable conditions for diagnosis. But in these obscure cases, before sceptic poisoning occurs, our chances of successful treatment are the best, for when the system is invaded with a poison our art and science command little that we can offer with confidence.

Whether the pus is in the ovaries, the tubes, the uteries or the pelvic connective tissue, only our surgical principle should direct our treatment. Waiting upon Nature, or until the patient is "built up," occupies no place in the surgery of to-day. While we hold our hand there is little to indicate that suppuration, or the progress toward septic intoxication have been arrested, or that the protective envelope of the pus cavity is not being stretched beyond its powers of resistance, ready to give way upon some slight exertion, or the repetition of some act previously indulged in with perfect impunity. While we delude ourselves with the belief that our patient is being "built up," she is walking about with a mine in her pelvis, ready to explode at any moment.

Whenever pus is found, liberate it and drain the cavity, should be our rule in abdominal, as well as in other branches of surgery.

As pus in the pelvic cavity may be circumscribed or diffuse, as we may have general septic peritonitis or septicæmia arising from a local pus focus, differences of opinion exist concerning the application of this surgical rule to both aspects of pelvic suppurative disease. Indeed, it is one of the present questions most interesting to abdominal surgeons, whether a patient suffering from general pelvic suppuration or from well marked septic peritonitis, post-operative, puerperal, or due to a ruptured pus sac, should be subject to the additional shock of a laparotomy, for among surgeons who favor opening a pus sac are those who oppose operative measures in general suppuration or septic peritonitis.

Having before us the dark picture presented by a case of septic peritonitis, which may follow the presence of pus in its certain progress towards death, and applying to this the principles that govern other departments of surgery, I think we cannot doubt the correctness of the practice that would give such patients the benefits of operative surgery, nor can we refuse them their own remaining chance of life. But here we have a remarkable discrepancy between theory and practice. Theoretically we are right in opening the abdomen in septic peritonitis, washing it out and draining; practically our patients scarcely survive the operation, and if they do we cannot assert that the course of the disease has in any essential particular been altered. I have reopened the abdomen ten times for septic peritonitis following laparotomy. Two of the patients died from shock; the remaining eight pursued the usual unmolested course of the disease.

I have operated several times for septic peritonitis following ruptured vermiform appendix—it will be remembered I exclude simple peritonitis from the same cause, and all the cases that have not progressed to the stage of virulent poisoning—with the same result. I have opened the abdomen for puerperal septicæmia with no more success; but the one case in which I have thus far removed the uterus and appendages through the vagina for the same condition, recovered.

I cannot doubt, however, that the application of operative surgery to these cases and to diffuse pulvic suppuration, is in the line of the most scientific practice. In explaining our failures, therefore, we must have resource to our unwillingness to recognize the possibility of lethal conditions; or to the fact that a destructive self-propagating poison having once invaded the organism, cannot be removed by attacking its point of origin, or to faulty technique.

I would, however, give every case of pelvic suppuration and septic peritonitis not actually moribund, the benefit of opening the abdomen, with the consequent advantages offered by antiseptic surgery, but in the latter condition I would expect to accomplish little by such treatment alone, for at the time we operate the system is toxic. The heart is beginning to fail. The liver and kidneys are unable to properly perform their function of elimination. The intestinal canal is paralyzed; the skin has almost ceased to act. Our efforts, therefore, in connection with the resources of operative surgery, should be directed toward stimulating these failing organs and functions. Whisky I use freely. Digitalis and strychnine sustain the heart. The serpent poisons—at the head of the list stand lacheris and crotalus—

are systemically indicated. Mercury restores the torpid liver—we are only beginning to realize the great power of eliminating and chemically altering poisons which this gland possesses. The rule I follow in preparing my patients for abdominal operations also actuates me in treating septic peritonitis. I endeavor to wash out the kidneys by giving hot water, or Poland water, freely. Urinary solids in excess are by this means prevented from forming, and thus one element of danger is removed.

I wish, therefore, unhesitatingly to place myself on record as favorable to opening the abdomen or pelvis, and treating antiseptically all cases of septic peritonitis in which there is the slightest chance of success. This position is not taken because of my personal success in operating on these desperate cases, nor is it based upon the statistics of other surgeons of equal experience; it rests largely upon theory, and upon the fact that without active interference the patients are certain to die; with the operation, and the knowledge that accrues from experience, we thus offer the one chance remaining.

Simple pelvic suppuration, simple only in comparison with septic peritonitis, I do not hesitate to operate upon, and am confident I have saved more than one life by so doing, for I look upon this extension of abdominal surgery in the light of preventive medicine. Let me state more concisely my position in this matter of operating for septic peritonitis from any cause.

(1) Septic peritonitis develops rapidly, or is one stage in the development of a lethal poison, which, at the time we are able to recognize the condition to which it gives rise, is disseminated through the system, arresting and destroying organic function. (2) This poison cannot be removed or antidoted by opening and cleansing the abdomen; but such an operation permits us to attack a larger absorbing surface, with agents opposed to the development of septic organisms, and to remove one focus of further infection. (3) Such active treatment does not interfere with dynamic treatment, but rather assists its efficacy. (4) As unaided, the cases are fatal, laparotomy offers one chance and the only remaining one of recovery. Happily, through a succession of failures, we may learn something that will place our treatment of this disease, so tragic in its results, upon a more certain and successful basis.

Operations for pelvic suppuration may be among the most formidable that the abdominal surgeon encounters; at the best they will tax his resources to the utmost, and for their success draw upon his former experience in dealing with other conditions, for no two cases are alike, the variations depending principally upon the organ affected, and upon the success of the efforts which the natural protective power of the system is able to exert in protecting it against further invasion. Operations, therefore, will vary according as the suppuration is local or diffuse, pelvic or abdominal.

The rules for operating for general pelvic suppuration are the same that surgery has long since laid down for all cases where pus is present: Open the abdomen, or pelvis, and drain from as many points as pus shows a tendency to collect.

The first problem we have to meet with is that of dealing with adhesions between the intestines, and the omentum. These will be found in various directions and of varying extent, causing circumscribed collections of pus in different parts of the abdominal cavity.

Of course, each pocket must be opened, but in doing this exceeding care is necessary, to avoid undue injury to the adherent intestine. With the utmost care we sometimes denude the intestine of its peritoneum in the process. Where omentum is not available for the purpose of covering up such an exposed spot, I have found a useful expedient to consist in bringing the intestinal peritoneum together with fine silk in a line transverse to the length of the gut, thus covering its denuded portion.

I think there is frequently in these cases undue timidity observed in establishing drainage, and for this reason we fail to obtain its full benefits. One opening, more or less, in the abdomen does not signify. The object is to amply provide against the re-accumulation of fluids. This cannot always be done through anterior abdominal openings, and will frequently require lateral or posterior drainage openings. These should be made fearlessly in the loins, sides, through the vagina, or wherever the laws of hydraulics dictate.

Another very important point in establishing drainage for pelvic suppuration, and one which I think is not quite appreciated, is the necessity of providing for continued or frequent irrigation. Upon the theory that what cannot be removed by the first cleansing may be removed by subsequent irrigation, it is wise in severe cases to so arrange the drainage tubes—and for this purpose I prefer those of glass or rubber to my usual drainage, iodoform gauze—that, if necessary, a continuous stream of irrigating fluid can be kept running through the abdomen. Such a stream of fluid has the further advantage of keeping the intestines floating, and hence, of preventing adhesions between their peritoneal surfaces.

Here let me say to those who consider this treatment too radical, that our inherited dread of the peritoneum leads us to make laws for the manipulation of this membrane that we do not apply to other anatomical structures. No greater shock follows irrigating the abdomen when a patient is conscious than when unconscious, and it is in my experience a fact that such irrigation gives rise to little suffering, and is frequently attended with comfort and affords relief from pain.

In all operations for pelvic suppuration my primary irrigation is with peroxide of hydrogen. Formerly I poured it in the abdomen in full strength, but this generates a considerable degree of heat, and has a tendency to denude the viscera of peritoneum. I therefore now use it with equal parts of water, allowing it to remain in the cavity and boil until the conclusion of the operation, when it is removed with the final irrigation of normal salt solution.

I have said that I use glass or heavy rubber drainage tubes when I find it necessary to make several openings for the purpose of permitting permanent irrigation; at other times I prefer iodoform gauze, packed *lightly*, in all directions. Tight packing arrests hemorrhage, but provides poor drainage, which light packing, carried to the bottom of the suppurating area, drains by capillary attraction. I formerly experienced difficulty, and caused my patients unnecessary suffering while removing the gauze from the abdomen or vagina, but now I accomplish this hitherto much dreaded step by the use of peroxide of hydrogen. If the packing is extensive, I direct my assistant to inject half an ounce of the peroxide every four hours for the twenty-four hours preceding its removal. I then find the gauze well saturated, and am able to remove it with ease.

In operations for circumscribed pelvic suppuration the point of attack will vary, and the extent of the removal of tissues depend upon the organs and parts involved.

It is a safe rule to follow, though one subject to variation, that any pus cavity that can be accurately and chiefly diagnosed through the vagina, should be operated upon through that canal. The great advantages of this operation are apparent. In the majority of cases the pus can be evacuated and the cavity drained without opening the peritoneum, and even when in addition to this operation the great serous membrane is opened between the bladder and uterus, for the purpose of more accurate diagnosis, the same danger of infection is not encountered that would follow a ventral operation and drainage of the pus cavity.

Statistics are also more favorable to the vaginal operation *per se*. Whether this is because it involves less intestinal manipulation, or less exposure of peritoneum, seems difficult to determine. Certain it is, however, that when a comparison is possible, operations through the vagina, of equal severity with operations through the abdomen, are attended with less shock, and convalescence is more rapid.

Let me enter a protest against what I will call the *forced convalescence* of cases of abdominal surgery. It is natural, especially with the younger operators, to desire to do as brilliant work, to make as good a showing as possible, and be able to point with pride to the number of laparotomies that have been dismissed, cured, in three and four weeks. This I regard as dangerous to the patient, and ultimately to the reputation of the operator.

However lightly our success may warrant us in regarding a laparotomy, at the best it is a serious operation for the patient, and one that cannot be recovered from in four weeks, or four times four weeks. Because the external wound is apparently healed, pain relieved, and the patient assures us that she has not felt so well for years, and sees no reason why she should remain in bed, are not valid reasons for yielding to her desire to sit up or to stand on her feet.

From what we know of the physiology of wounds, it is certain that neither the internal nor the external wound is healed under many weeks; moreover, the entire nervous system has suffered a shock from the operation which only time can overcome.

While the patient is quiet in bed the system is not taxed, but directly she begins to resume anything approaching her usual avocations, the conditions are changed, and as a direct result we have the cases of failure that our opponents present as samples of too much surgery and of our zeal for operations. In the majority of cases I do not think a patient should be allowed to leave her bed in less than four weeks, and if the abdominal stitches are well laid, they need not be removed under the same length of time.

Such precautions will, I am confident, insure against relapses and the complications which mar an otherwise successful operation. They may not give such brilliant primary results, but they will insure more perfect cures, and establish greater confidence in the resources of our art.

But it is not alone in the draining of pelvic abscesses, unconnected with the removal of organs, that the vaginal operation can claim advantages over the abdominal method, in pelvic suppuration. Ovarian and tubal abscesses, necessitating the ablation of the diseased organ, are frequently best attacked through this canal, and in cases of puerperal septicæmia, in which the uterus is the primary focus of disease, the results of recent operation favor vaginal hystorectomy.

In my own practice, I draw the somewhat elastic line between the indications for the vaginal and abdominal removal of suppurating ovaries and tubes, at the superior extension of the tumor, which, in my experience, has usually been to a corresponding degree associated with visceral adhesions. These are not as easily or successfully managed through the lower opening. Still, here much latitude exists, for if the sac can be drawn down, and intestinal adhesions should not be dealt with out of sight, no increased difficulty is encountered.

Adhesions of the ovaries and tubes, by which I mean the uterus, broad ligaments, and in Douglas' sac are, I find, best dealt with through the vagina. When the uterus is prolapsed the condition and position of the organ can with accuracy be mapped out and dealt with.

An operation for pelvic suppuration, however, that is begun through the vagina, may necessitate opening the abdomen for its completion. While I regard such an extension of the manipulation as an unfortunate complication, I do not hesitate, when thoroughness calls for it. Conservative surgery, however, should actuate us while operating for this class of cases. For while I am usually radical in my operations, and hold to the belief and practice that a diseased organ is better out of the system than in it, I am confident that zeal for a surgically clean operation has on more than one occasion overweighed my judgment, and led me to remove an entire organ when opening the pus cavity, which is shut off from the abdominal cavity, and draining would have effected the same result, with less risk to the patient.

If the pus cavity is closed from the general peritoneum, either by adhesive inflammation, or its original wall, I consider the conditions rather exceptional that would require us to run the additional risk of opening the peritoneal cavity, which would be necessary for its complete removal.

If the pus focus is extra-peritoneal let us keep it so, and treat the abscess as we would treat any other like condition; incise, and drain through the vagina. What would otherwise be a most formidable operation thus becomes one of comparative safety.

Of course, if septic peritonitis is present, drainage of the abdominal cavity could not so be accomplished. In this case the vagina should be used as one of the drainage openings, in connection with the necessary abdominal openings.

A word in closing concerning drainage. Accumulating experience leads me to rely with increasing confidence upon iodoform gauze. Only exceptionally do I use a tube of any kind. But let me emphasize the fact that gauze, to be effective for this purpose, must be introduced lightly, otherwise capillary attraction cannot take place.

If the operation has been an extensive one and the pus-bearing organ removed, either by the abdomen, the vagina or abdomino-vaginally, the general peritoneal cavity can be entirely closed from further infection, and at the same time drained, by making a wall of gauze against the intestines and passing small strips of the same material into all exposed parts and cavities.

When permanent irrigation is sought, this method of drainage will be supplemented or replaced by tubes, which, starting from the common abdominal point, radiate to various counter openings. The number of these does not signify, the object being, by any means, gauze, tubes, or both, to provide an efficient means for cleansing and keeping clean the peritoneum; a useful agent towards recovery, if regard is had to its physiology, but a potent organ towards destruction if treated upon the old lines of non-interference, which in turn were born of fear.

DIPHTHERIA.—A LITTLE EXPERIENCE IN FAVOR OF ANTITOXINE.*

By George E. Tytler, B.S., M.D., New York.

NO lengthy article upon the subject of diphtheria is intended in this paper; simply some thoughts based upon a few cases that occurred not very long since. The title says favoring antitoxine; my experience with the new remedy is very limited, and therefore is contrary in the result to what is considered the rule, that those of large experience favor the antitoxine, while those having limited opportunities for observation of its effects are supposed to have been the ones inimical to it. During the period of now a little over a year since antitoxine has been used much, each case of diphtheria that I have had I felt sure was coming through all right on usual treatment, and so I did not risk changing a known for an unknown quantity; but upon the last day of July of this year I was called to see a family who had formerly resided in my vicinity, but in May last had moved some four miles away, to a locality not very accessible, although upon this occasion I saw them within an hour of the time that the call was left. Until my arrival I was wholly unaware of the nature of the sickness. Upon entering the room I knew too well. Nose and eyes were all that were needed to diagnose. I said to the mother: "Mrs. H., you know what's the trouble, do you not?" She said: "I suppose putrid sore throat." I replied: "Well, we do not generally call it putrid sore throat—the girl is dying of diphtheria; how long has she been sick?" wondering how she could have gotten in the condition she was in any reasonable length of time. I learned that the child had been taken sick the middle of the day of Friday of the week before, and as it was noon then of Wednesday, she had been sick fully five (5) days, just beginning on the sixth. At first they thought that it was mumps, and did not need much attention. The child was the extreme of sallow and pallid, looked as though nearly every blood corpuscle in its body had disappeared, showed infiltration of the tissues of the neck, severe nasal complication and fauces filled with membrane. The child's age was seven years.

A scond child, aged five years, was also down with the disease—had been sick nearly as long, and not much behind the first in severity, except that the blood was not so completely disintegrated. Fauces and nares with gangrenous membrane, lymphatic glands enlarged, neck swollen, extremely offensive odor from the breath.

I told them that the older child was simply dying and nothing could save it, and that I did not think the chances of the second child were very good, in fact, were very poor. As mentioned before, any case between the fall of 1894 and that time I had felt safe with older methods. Here I had one case *certain not* to live, and not much hope for the other, and I thought if antitoxine were not used the family and friends would afterward think that all had not been done that might have been—in fact I should myself. I spoke to the mother about the use of it; she rather wished it, but preferred to wait until her husband could be consulted. As he was not at home, I prescribed remedies I thought indicated, and for local treatment directed swabbing with peroxide of hydrogen on cotton, and syringing nares with the peroxide diluted. I saw them again in early evening, the odor was much less objectionable—could remain in the room at that time—at noon decidedly difficult to do so. The father not home yet, so did not go ahead with the serum treatment. In early forenoon of the next day the older girl still nearer dying, second one not much different from the day before—bad enough then. The parents were glad to have the antitoxine used. Not having administered it myself before, I felt that I would rather have them given the benefit of the experience of one who had observed the effects of different doses, so telephoned to the Board of Health—by the by, they had the culture test, re-

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ported true diphtheria, though clinical diagnosis was easy enough here—and Dr. Koester used the serum at noon of Thursday. Remedies were discontinued, except syringing nares and pharynx with pyrozone.

The older child died early Friday morning, but the second child had improved wonderfully. Appeared like a different person. The membrane in the pharynx much less, no odor, nares had ceased to have the fetid discharge. She had lost the stupid, apathetic expression, and was ready to eat. I certainly could only fairly ascribe the benefit to the treatment.

An infant, eighteen months old, and the mother, now showed the disease. Serum was used, and neither case became at all serious; in fact, only a matter of a couple of days, and I felt especially thankful in the case of the baby, because it would have been still more difficult at that age to have managed her.

The older children were the most intractable to do anything for of any cases that I had met for several years, and the serum treatment was especially welcome and easy on that account.

The urine of the second child was examined upon Saturday, or three (3) days after I had first seen her, and found to be loaded with albumen, so that when thoroughly settled it amounted to one-third of the height of the urine. The amount gradually lessened, being about two weeks before it had entirely disappeared. This patient had marked merc-cor. symptoms, and that was the only remedy given throughout the treatment. with the exception of Clysmic water. In scarlatinal or diphtheritic nephritis I have found the four remedies most frequently indicated to be apis, arsenicium, mercur-cor. and terebinth. No eruption of any kind showed in any of these cases. Where eruptions of the nature of urticaria, erythema, etc., do show, their production has been accounted for on various theories.

That of excretory irritation appears as plausible as any. Any disease where there is an irritant to be eliminated from the system—as uric acid in gout—may cause different forms of dermatitis and irritations of the mucous membranes also. Scarlet fever may irritate all the excretory channels.

During the past couple of years I have used locally peroxide of hydrogen or similar preparation, or at times tablets of mercur. cor. 1–500 gr. each, or 3x tablets, 1–1000 gr. each, letting them dissolve on the tongue for local action. Internally, according to indications, have more frequently prescribed apis, lachesis, arsenicum, phytolacca, rhus tox, and others, according to symptoms—and I avow my faith in them and have had satisfactory success with them; but are we to dismiss the new candidate without a trial?

We have in diphtheria toxine or bacilli a material that in strong amounts will cause diphtheria in animals, and yet, attenuated by successive cultures, furnishes a strength that combats the actual disease, and if the attenuation be by the medium of the serum of the horse, that serum, as enough evidence fairly shows, certainly does in the lower animals, and in man, lessen the action of diphtheria, either natural or induced. Even in the matter of the eruption the similarity between the serum effect and the disease holds, for in either case the eruption may or may not be present.

Now, if any new vegetable or mineral remedy, or animal or serpent poison were discovered that could even half way produce the picture of the disease that diphtheria toxine does, we should immediately expect great results from it, according to the law of similia. Why not of antitoxine? If we give arsenicum for a case of retching, not much in quantity—thirst for frequent small amounts, dry skin, etc., we prescribe according to the law of similars. We have individualized also. If we administer antitoxine in diphtheria, it would appear that we are also prescribing according to the law of similars, and even here we must individualize, for, if in addition to the effect of the diphtheria bacilli, we have those of the staphylococcus or streptococcus, the diphtheria antitoxine does not give as good results. It does not cover their effects or symptoms, and does not cure them, any more than arsenicum will cure an ipecac case of emesis. The rationale of immunity is an interesting subject. After any of the contagious diseases, what process has taken place by which we resist the influence of the disease germs if again exposed? The theory of hardening of the lymphatic glands and their invasion by infecting agents thus prevented can scarcely explain the method. They would resist all agents equally if that were the case, but they do not, except those of the one disease producing the immunity.

Gamaleia thinks that the body gets accustomed to the products of infectious agents, and when accustomed, the cells are no longer affected by them. Analogy is found in the fact that a tolerance can be acquired for poisons, as arsenic, morphine, etc., in large doses. Perhaps physicians by repeated exposures gradually acquire immunity against many diseases. The theory that certain chemicals or pabulæ are necessary to each contagious disease, and when exhausted in the system the person is not susceptible because of the lack of food material, is not credited by many at the present day.

The investigations of Metchnikoff, Ziegler, Buchner, Nutall, Heidenhain, Hankin and others, tend to show that bactericidal action is possessed by the leucocytes—the fixed cells in the tissues, especially in the capillary walls—the lymph exuded, perhaps as a defensive measure, and the blood and the blood serum; by all the above, and their united action is against the enemies, disease germs.

With any theory an important factor is what may be called vitality, resistance, integrity and soundness of tissues, and here we can do yeoman service, perhaps both prophylactically and curatively, with homœopathically indicated remedies for any dyscrasia or departure from normal health that may exist.

If you ask and receive advice, take it, act on it; thereby differing from the fool.

MEDICAL GYMNASTICS.

By Anna Macy Gardner, New York.

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MEDICAL gymnastics (massage and Swedish movements), should not be confounded with the "rubbing" wrongly called massage, which is given by uneducated people, who possess no scientific knowledge of the subject, but who claim to have "good hands" or a "magnetic touch," and consequently resort to this as a means of livelihood. Rubbing, which is merely friction, has effects very superficial, and but temporary. A skilled masseur prefers kneading, which is much more far-reaching in its effects. The movement of the hands and the pressure, applied in the direction of the venous current, empty the blood from the capillaries into the veins; the heart is aided in its work, its beat diminishes in frequency; also the sensory nerves are soothed, their irritability is lessened, and the muscles of the part manipulated, being better nourished, become hard and firm, and therefore their power of endurance is increased.

In Boston, where for several years medical gymnastics has been introduced into clinics at all the larger hospitals and at the City Dispensary, a physician does not patronize a masseur unless he be a graduate of some recognized school of massage. We regret that so little is known here of the true value of our subject. This lack of knowledge is probably due to the fact that but few, perhaps only those who intend to make the work a specialty, can afford to devote the time necessary for its acquirement.

Since medical gymnastics is systematic exercise of the muscles and other tissues for therapeutic purposes (Posse), a thorough knowledge of anatomy, physiology and pathology is necessary, that the operator may be sure, not only of the effect, but also of the reaction of any medical gymnastic procedure.

We do not claim that medical gymnastics is a cure for all diseases—a balm for every woe. Like everything else, it has its limitations. In dyspepsia, and in various other disorders of digestion, where it is necessary to improve the general metabolism, abdominal and liver massage, resistive trunk rotations, etc., will arouse the sluggish circulation by hastening the flow of blood in the veins, will cause an increased secretion of bile, and will remove the neurasthenic symptoms so often accompanying a case of this nature.

A scoliosis, which is caused by the overdevelopment of one set of muscles, the result usually of professionalism, bad posture, etc., can be *cured* by medical gymnastics, which aims, by restrictive movements, to shorten the long side and pull out the contracted muscles. The old time method of using a plaster cast to hold in place the misshapened back, should not now be countenanced, nor should any similar contrivance which acts as an artificial brace and allows the natural means of support—the muscles—to atrophy. A curvature, however slight, should not be ignored. If left to itself, the trouble will increase, and will perhaps even cause visceral displacement.

Like the plaster cast in scoliosis, so a pessary offers but an artificial support. In displacements, by bringing into active contraction the weak muscles of the abdomen and pelvis, especially those which directly replace the uterus itself, and by stimulating the activity of the pelvic organs, an absolute and permanent cure is effected. Of course, care should be taken not to apply strong movements until simpler ones of the same type have been repeatedly tried, lest a worse case of displacement result. (A physician's diagnosis of any case is absolutely necessary, and the medical gymnast should not apply treatment until he has secured the above.)

In infantile paralysis, by striving to carry to the periphery the impulse which may have started in the nerve at the central end, we notice after countless efforts and devices, that there is a slight movement in the limb. The child, finding he can help himself a little, is inspired to aid his teacher, and the progress then becomes more rapid. We do not pretend to cure infantile paralysis, but we nourish the atrophied limbs into usefulness, and thus save the child from being a physical drawback, not only to himself, but also to his fellow men.

So we might mention countless cures effected by medical gymnastics. We might speak of its use in cases of neuralgia, where pressure breaks up the too rapid vibration, and so diminishes the nerve irritability; in sprains; in other diseases of traumatic origin, and so on *ad infinitum*. Neither time nor space will allow but a brief outline of my subject, but I shall be fully repaid if this summary succeeds in eliciting the attention of the medical profession, and succeeds in securing for medical gymnastics a due appreciation of its scientific basis.

THE GLORIES OF SURGERY AND SHAME OF MEDICINE.

By Sam. Saddlebags, M. D.

IN our day the whole medical world is kept constantly amazed by the brilliant and unfaltering advances made all along the lines of surgery. There every man is struggling to forge ahead of his fellows, led by ambition, love of science and sincere desire to relieve suffering humanity. Some follow one of these leaders, some another, but by far the greater number obey the mandates of all.

Why is surgery so grandly in the ascendant, while medicine still halts in many of her worn out camps, where her soldiers waste life and opportunity by lounging in their mouldy tents, kicking dust into their own and others' eyes? Now and then, with a great hurrah, they fire off old, discarded guns, which they have found in some forgotten arsenal. In former years they would have *despised and reviled* the ancient artisans who first fashioned them into therapeutic weapons, but now they fondly cherish them as if they were

children of their own begetting, and call them *new truths*.

Why have so few gone forth to battle against those who diligently obstruct the way to truth? Do they fear those vain creatures who puff and swell themselves trying to mimic greatness? Why are so many content to entrench their camps and lie down to sleep, while disease and death are abroad? Why should the infantry and artillery of medicine do so little, while the glorious surgical cavalry is nobly fighting for mankind? Disease cannot be destroyed by surgery alone; the strong medical battalions, coming to its support, must follow up the sabre of surgery, or, better still, seek to prevent and destroy disease before it is necessary for the surgical column to battle with it.

We are told that medicine has made much progress of late. What has it done? Outside of remedies that the chemists and new born isopaths have given to the world, it has accomplished little or nothing, compared with what it might have done had not this wonderful nineteenth century been frittered away by acrimonious and idiotic bickerings about etiquette on one side and childish fiddling over potencies on the other. Hardly does the smaller of the two great medical armies in the field attack disease before the other sends out guerillas to annoy the soldiers already in action. With contemptuous jeering they cry out: "You have no right to fight disease or anything else with your popguns, for we are the sole owners of the earth. Yes, we, who have held it in medical darkness for many centuries, are delegated by the powers that be to control medical thought. All others are shams!"

Scarcely has the opposing army rested from battle with these medical enemies than their own soldiers fall out among themselves. One brigade shouts: "Attenuate your powder and shot more! Discard buckshot and ball!" Others reply with sneers and harsh rebukes. The fact is, each and all are straddling right and wrong; each and all are holding some truth and lots of error. Consequently, a restless troop of earnest young men from both armies turn away from medical practice in disgust, and enlist in the ranks of surgery, where the deathblow has long ago been dealt to old-fogyism and narrow nonsense. The young surgeon seeks, finds, and adopts new surgical truths without fear or favor. Not so the young physician, who, continually cowed by the ghosts of the past, trembles at the outposts before the hosts of solemn ignorance and anchylosed prejudice, which cannot bend to any truth that comes from the ranks of an enemy. Even among the daring surgeons of to-day we still see the trembling and submissive knee bending demurely before the medical owls, mistaking them for little gods.

The sharp shaft of ridicule has been so often and effectively hurled against perfect and unanswerable arguments that moral greatness only can endure its tormenting thrusts. Is this always to be? Must medicine remain a byword because of the contemptible littleness of a few who frighten into silence many of the profession who presume to call themselves *men*? Alas! while there are heroes and martyrs of truth, who do not hesitate to pin the badge of their faith upon their breasts where all men may see and take courage, yet there are thousands of others who believe, but do not dare declare their convictions, fearing medical and social ostracism. If the noble band of the forlorn hope stand steadfast, they will in time influence the whole body of sincere physicians, and deserve the reward of pioneers; for as much honor belongs to those who compel the world to hear and accept great truths as to those who discover them.

The time has come when *men* should measure swords with *men*, and not waste precious moments tickling *drowsy donkeys* with *straws*, who only awake *to bray and kick*. Thrice blessed are they who dare to raise the standard of perfect medical liberty, and by precept and example teach men to go forth *fully armed* to assail disease in all its fortresses!

SHALL WE AMPUTATE INJURED AND DISEASED FEET OR ASSIST NATURE TO CURE THEM?

BY M. O. TERRY, M. D.,
Surgeon General State of New York.

THE case which has suggested this brief paper has led me to recapitulate a few similar ones which have come under my field of observation during the last twenty years.

Hugh Percy Dunn, in the *Nineteenth Century* for May, 1894, makes the following statement: "Some of the examples of modern surgical art are to be found among those cases in which the surgeon has refrained from operating."

Twenty years ago a girl of thirteen years of age was placed under my care for the treatment of a chronic inflammation of the ankle. There were eleven openings leading into the joint. A probe could be passed for two inches into it. While under treatment, an army surgeon of high standing examined this case when on a visit to his place of residence, using a probe freely, and stated that the thing to do was to operate. He was honest in stating that he could not promise any cure even then, as the patient was of a scrofulous diathesis. There was undoubted caries in the ankle, as seen by the character of the discharge. I believe I attended the case during a period of three years. But the sinuses finally healed, and perfect motion was restored.

Case II.—This was also a chronic inflammation of the ankle joint, but without sinuses. It was in the case of a boy about ten years of age. I was urged to make the attempt to save the foot, which had been condemned by prominent surgeons. The mother was poor and was a laundress. It was a very important matter that this boy's foot should be saved, as nothing but hard work and hardship stared him in the face. It was a treatment lasting several months which saved the boy from being a cripple. I have seen him since then, an active boy on the messenger service. He has perfect use of the ankle.

Case III.—A man about sixty years of age had his foot crushed under a car wheel at the New York Grand Central Station. The skin was entirely removed from the dorsum, the muscles lacerated and the toe when I called was gangrenous.

Five surgeons and physicians had seen the case. The surgeon in attendance insisted the foot should come off. I removed the gangrenous toe, using the flap of the same toe and it lived. This when told by the family outside, was denied by a surgeon until he gratified his soul's desire by inspecting the foot himself. I worked many months on this case, but he was restored. The skinning over of so large a surface was an interesting study. The last case which I will give in brief is one of very marked interest as to the condition and the result. He left a hospital, he and his friends stated, because it was considered necessary to remove his foot in order to prevent blood poisoning. He was very much frightened even after I took charge of him, for fear such a thing would happen.

When I say that he had two large bed sores; that his left elbow had several open surfaces following an excision; that the condemned foot had an incision about six inches long, posterior to the tibia, in which there was a drainage tube; that the internal maleolus was an open wound, the denuded surface measuring over an inch in diameter; that there was a long, deep cut over the tibia; that passive motion produced pain and gave the sounds indicative of joint injury, you can readily understand the difficulties to be surmounted in order to save the foot. It was all accomplished within six weeks, at which time I discharged myself, as there was nothing else to be done. Dr. Capron was with me on that last visit, and we photographed his various scars as a matter of curiosity.

I have received twenty dollars in all for this series of cases. I feel well repaid, however, for the time I have spent in successfully preventing deformities. And I have the satisfaction of having the gratitude of a poor but appreciative class of patients, worth more to me in happiness than money.

I do not consider that success in these cases is due to any marked original treatment. I wish it understood that the surgeon who carries out this conservative plan of treating chronic conditions must be patient and painstaking. For the treatment of sinuses I use various solutions of bromine, codine, carbolic acid and bichloride. I find it is necessary to change not only the strength of the preparations, but the solution itself. I use them in rotation, or change them after using four or five days. For the inflammatory stage (without sinuses) use solutions of lead, peroxide of hydrogen, (iodoform and bovinine), hot and cold irrigations, and occasionally cerates of bryonia or hypericun. Internally, as indicated, aconite, bell., veratrum, bryonia, apis, pot. iodide, and elix. iodo. bromide of calcium compound. This combination I find to be a most excellent alterative. The solution of the same put up especially for local application I also use occasionally.

NERVE AND DRUG AFFINITIES.

By J. A. Carmichael, M. D., New York.

WHEN a question presents itself for consideration, and, because of its difficulty, there is no precedent for its solution, it becomes simply a matter of the abandonment of any attempt to compass it, or an insistant confidence that there is a solution of it somewhere and somehow. Then it becomes necessary to "gird our loins" for the encounter, or, to use a vulgar but expressive Anglo-cockneyism, "funk" out of it, acknowledge defeat, and cry "peccavi." Now, being naturally of a somewhat obstinate and belligerent cast of mind and temper, as respects knotty questions, especially of science, literature, etc., we are not disposed to give up, but rather to cry: "Lay on Macduff, and damned be he, etc." 'Twas said of old that "fools rush in where angels fear to tread." Yes, if they be fools, and pursue the bent of folly. But we must remember that a censorious and often vindictive world has cried "fool," and flung the epithet "fool" at the devoted head that was even then incubating some grand thought that was destined to pierce the world's intellectual center, and make men's minds revolve around it, like satellites around the sun. The polemic parson, philosopher and wit, Dean Swift, among his pungent laconisms, thus defines all such scoffers of genius, and the impotence of their ridicule and abuse: "Censure is the tax a man pays to the public for being eminent." "Nemo fuit repente turpissimus." No man becomes base all of a sudden. Moral turpitude is begotten of accretion. True that hereditary natural tendency and evil communications make the process easy, and rapidly accelerate its growth. So is it with the accumulations of wisdom. They too come by atomic aggregation, just as a world, in the old "Democritan thought," came into existence by atomic attraction, aggregation and cohesion. Then, if a question confront us, though we be among the fools, and "tread on holy ground," yet the old story of Bruce and the spider is as familiar as a nursery rhyme, or Mother Goose's melodies, and so we'll tackle the crucial questions we have already proposed, though we fail ignominiously in their solution.

First.—How do ergotin and its associate principles produce their morbific results when administered toxically?

Second.—How do their toxic manifestations stand in relation to the law of similars?

If ergotin can produce in a short space of time powerfully tonic and spastic contractions of the uterine muscular fiber, as we well know it can and always does, it must be by some special and specific affinity, either with the muscular fiber itself, or through the intermediation of some adjuvant agency with which it bears the same relation of specific affinity; and by the dual combination, the functional operation of the muscular fiber, its contractile power is produced. We have already said that, of itself, muscle cannot move when deprived of its motor stimulus. Paralysis means the de-

privation or withdrawal of that power, whether temporary or permanent. What does uterine inertia mean but a temporary paralysis of uterine muscular contractility? Whence comes it, and what has caused the inertia? Is it due to exhaustion, as the books call it? There has been no hemorrhage, for example, no loss of the sustaining elements that live in the blood, and that keep the body alive. There is simple uterine inertia, apathy, exhaustion, and impotence of uterine muscular contractility, and of its expulsive force. Whence comes the exhaustion, we repeat, and what is exhausted? The uterine mechanical machinery is all intact, compact and capable. So is the machinery of the mechanical instrument made by man's inexhaustible energy, industry and formative ingenuity, and that can, to speak figuratively, and like Puck, "put a girdle 'round the earth in forty minutes" when supplied with its own peculiar motive principle, the resultant of heat, water, and the vaporous evolution from their mutual association. Take that away, and no more inert and motionless matter cumbers the earth. So it is with uterine muscular fiber of itself. Nerve and drug affinity come to the rescue. Ergot in such proportions as would be toxic if pursued beyond a certain limitation, courses through "the gates and alleys" of the body, seeks its nerve affinity, unites with it, is borne along with it, and the two make their way to the womb that is calling for help. Why? How? Ah, there's the rub, and there, too, is the very pith and marrow of our undertaking. Brown-Sequard tells us that this drug, ergot, manifests a special predilection for the lower portions of the medullary cord.

That being so, we can easily understand its individual sympathy with, and action upon, the reproductive organs. But with the persistent bent of our nature, we want to know the why and wherefore of this predilection. Is there, or are there, certain constituent elements of the ergotin that attract, cohere and affiliate with certain elements of the myelline substance of the lower medulla, and do they reanimate the myelline elements, and arouse them to more vigorous functional activity, which, in turn, shakes up the dull and dormant muscular energies of the uterus, and a child is born? But we must go deeper still. "Truth lies at the bottom of a well;" let us get to the bottom and see if we can find it. We have ventured to suggest that the elements of the drug and the myelline elements mutually attract and cohere. If so, what is the nature of the force that compels their mutual attraction and cohesion? If we strive to explain the mystery by the sorry evasion that the drug stimulates the nervous matter and makes it wake up the muscles we're no wiser than we were before, and it's only a "funk" after all. What vital principle does the drug carry along with it, to which the nervous matter at once responds? Do we know of any analogous influences acting upon other portions of the body? We do, but they are even more difficult of solution than the question that now lies before us. Each individual retinal fibrilla is made of a material of the most intense and exquisite vitality, to which the name "substantia gelatinosa" has been given—a misnomer, if ever there was one applied—for it has no more of the qualities of gelatine, in any sense of the word, except that it is gelatinous or jelly-like in its physical substance and appearance, than it has of bone, and to compare it with either would be not only a misnomer, but a histological and physiological degradation.

Not only is each retinal fibrilla composed of this vital material, but it is capable of only one stimulus, and that one the chromatic stimulus of one single prismatic rayon of light; can any man tell why? Let disease attack any one fibrilla, what results? individual color blindness. Then, as light to the eye, sound to the vibrant chords of Corti's columns, odors and fragrance to the trinity of olfaction, so must we look for ergotinic influences upon the medullary myeline, upon the substantia gelatinosa of the uterine ganglia, and upon their afferent nerves, the instruments for the transmission of their subtle power. But even yet we do not reach the bottom of the well, where lies the truth. Does the drug agitate the nervous matter with a molecular agitation, thereby causing the active evolution of its nerve force? Shall we call that nerve force electric, electro-magnetic, odic, psychic or spiritual, dynamic, chemical, vis nervosa insita; call it what you please, it is only a name, but impotent to define the essence of its potentiality.

But of one thing we are certain, and that is, of a specific nerve and drug affinity which is salutary and helpful to our physical bodies, and as "a rose by any other name would smell as sweet," so for want of a better name, we'll just whisper those influences that lie perdu in the organic law of similars. This last is contained in our second proposition, which is, How do the toxic manifestations of ergotin stand in relation to the law of similars? But much yet remains unsung of other and most important relations of our drug with the great ganglionic system, and their influences upon the body in general; our readers will pardon a little digression at this point. The thought has just occurred to consider for a moment a comparison between these mysterious operations under nerve and drug affinity, and some of the wonderful evolutions of Nature's laws recognized and unfolded by the untiring energy of the chemist and interpreted by the unerring laws of chemical science. Of course it would be easy to fill our space with the endless records of chemical discovery, and the addition of new elements, new forces and new remedies that are continuously dropping from the busy fingers of the chemist and the pharmacist. But we think we can say confidently that in the history of the evolutions of chemistry no more wonderful result of the combination of some of Nature's simple substances can be shown than that now designated by the name of the "carbide of calcium," and which is now engaging the public mind with great interest. Without undertaking a scientific chemical definition and explanation of the elements constituting the above substance, which we believe is destined to bestow fabulous wealth upon its fortunate possessors, let it suffice for the

knowledge of our reader, whose attention may not have been called to this marvellous discovery, that the accidental—as it were—association of coal and lime, under certain conditions of heat and electricity, has brought new light into the world. The carbide of calcium light first shone in the dark quarries of North Carolina, and we believe that its rays are ultimately destined to give light and heat to all parts of the earth not too remote for the penetration of civilization. Even the flash of the electric light must "pale its ineffectual fire" before these luminous beams. The readers of this journal have in a recent number had the opportunity of reading an excellent editorial paper upon this interesting discovery from the able pen of the senior editor, and his valuable suggestions as to the many practical uses to which it can be put, besides that of giving light unsurpassed by any other now known. Take a piece of a substance, not bigger than a good-sized hickory nut, looking more like a cinder that has dropped from a grate, with all the fire burnt out of it, than anything else, and ready to be thrown upon a dust-heap, put it into an ordinary tin pot or other receiver, pour upon it a few drops of water, gather the gas that immediately begins to evolve by a suitable tube, convey it to your burner, and, presto, there flashes into existence your light, a comfort to your eye, and a warmth to your heart! We've gone aside from the current of our argument for purposes of illustration. Resplendent light, in many respects unlike and superior to any other known light, is created by the mutual apposition of certain simple substances, consolidated and animated by that mysterious force called electricity. Now compare these simple substances with the integral component elements of our drug, vivify the drug elements with that other equally mysterious force—indeed the most mysterious and incomprehensible force that ever did or ever can engage man's intelligence for its solution—vital nerve force, and the resultant is, not light, but life; and, as the light gives joy to the eye, so the life carries "healing in its wings," and health, happiness and victory over disease are in its dispensation and gift. To what beneficent power is this happy consummation due? What but the eternal and inflexible law of nerve and drug affinity?

We have considered the action of the affinity of ergotin with the uterus, and have suggested that it is both specific and elective, because of its nervous associations, medullary and ganglionic, as also some intrinsic quality in the drug itself, or in some one or the other of its different essential elements, which we have already indicated, and which will be considered when we reach the individual localization of ergotinic drug action. Now it is in order to view it in its general effects upon the economy, and endeavor to define the true area of the exhibition of its toxic and curative powers, which we believe to be embraced by the great ganglionic system, from the ophthalmic ganglion through the whole length of the ganglionic chain. The concensus of opinion seems to have agreed that the most prominent characteristic of this drug is its influence upon the circulation. Of this Bartholow says: "The most conspicuous effect of ergot, and that on which depends its therapeutical application, is the influence which it exerts over the vascular apparatus, diminishing the number and altering the character of the heart's action." Rossbach and Wernick observed a vermicular or peristaltic motion in the frog's heart. Eberty attributed the cardiac arrest to the inhibitory increase of the action of the vagus. And so we might go on multiplying authorities, but we have cited enough to establish the vascular influence of the drug. But the question involved most prominently in our present investigation is as to the effects of its operation upon the circulation, not directly, but through the intermediary agencies by which these effects are produced. Of all the powers ascribed to the ganglionic system, there is not one more important nor more potent than what is known as its vaso-motor power. The term vaso-motor means, as we well know, vessel-moving, and by it the currents of the fluids of the body are urged and regulated. It is easy to conceive that any agency by which circulation is controlled is among the most vital in the body, if indeed, it may not be reckoned as the most vital. Life is sustained by circulation, and there's not a function performed in the whole organization that is not more or less dependent upon free and uninterrupted circulation of the vital fluids; the same force applies to all animated Nature, from the lowest to the highest. But might it not be legitimate to ascribe to the subtile force of the ganglionic system other powers than that designated by the term vaso-motor? In the first place, how is the vaso-motor power effected, and by what direct agencies is it operated? Anatomy teaches us that two of the physical elements of the coats of the vessels consist of the nervi vasorum—nerves of the vessels—and the vasa vasorum—vessels of the vessels—a combination of nerve and vascular force, each and both essentially trophic, the one ministering to the other, and promoting the nutrition and vitality of the vessels, embracing them, and enabling them to perform their contractile functions. This is legitimate vaso-motor action, and it speeds and regulates the rhythmic precision of circulation. But the experiments of Claude Bernard, Donders and others are perfectly familiar to every student of physiology, and their results in determining, not so much the vaso-motor forces of the sympathetic ganglia, but the changes produced by the removal of these forces by the ablation of the ganglia themselves, and their subsequent effects upon the currents and the vessels containing them, as also the manifestation of calorific and other phenomena. Then the capacities of the powers of the ganglionic forces may be designated as positive vaso-motor, and, we would add, vaso-stator or laxator. Here a question of pathology, whose importance can scarcely be measured, rises up before us, and the whole array of inflammations, congestions, active and passive hemorrhages, and the other numerous sequelæ of active or passive circulation, is embraced by the activity or passivity of ganglionic dispensation. What affinities does our drug offer in these opposite

conditions of the presence or absence of ganglionic force.

To answer this question with a reasonable hope of its solution, the best plan, as seems to us, is first, to review in brief the individual component elements of the drug, to which various names have been given by experimenters, and endeavor to affix to each the relation or affinity it may bear to the different portion or portions of the ganglionic system, or to that part of the body which seems to be specially affected by it. If we turn to authority we learn that the constituent elements of ergot are as follows, and we name them as they are given. According to Dragendorff and Podmissotzky, the most important are sclerotic or sclerotinic acid and scleromucin. Another alkaloid discovered by Tauret, ergotinine; others by Kobert, ergotinic acid, sphacelinic acid and cornutine. Sphacelinic acid is the most active toxine, and that which produces ergot-gangrene, hyaline degeneration of the lens and cataract, excessive stimulation of the muscular fiber of the arterioles, lessening their caliber, thus raising the general blood pressure; it is also an abortifacient of the uterus. Cornutine causes clonic convulsions, and death from paralysis of respiration. The extract of sphacelinic acid and cornutine is the most eligible preparation of ergot, and called by Kobert "extractum cornuti secalis, cornutino sphacelinicum Koberti." These, with methylamine, trimethylamine ecbolina—Wenzell—and ergotina, make up the list of the active principles of ergot. To sum up the physiological effects of the drug: Gastro-intestinal irritations, vomiting pain, purging, tetanoid cramps of the intestines, colic, diarrhœa, etc., etc.; of the heart and circulation, tachycardia, enormous rise of blood pressure, contraction of the arterioles, etc.; of the eye, dimness of vision, dilatation of the pupil, possible blindness and deafness, dizziness, stupor, vertigo, tinnitus aurium, all following acute ergotism. Effects of chronic ergotism: Of these may be enumerated the convulsive and tetanoid, tetanoid contraction of the fingers, forearm, arms against chest, thoracic, abdominal and diaphragm muscle, causing asthma, the opisthotonos and emprosthotonos of true tetanic spasms, etc., etc. Thus we have in as few words as possible enumerated many of the various pathological effects of ergotinic poisoning, and the wide pathogenetic scope of the drug can be readily understood. We shall also, as briefly as possible, select a few of these morbid phenomena, and note their relations to nerve and drug affinity.

Our next step must be in the effort to individualize the constituent elements of our drug, and their mutual affinities with different portions of the organism, considered from an anatomical, physiological and pathological point of view. By way of simplifying this purpose it would be well to enumerate again, and in diagrammatic form, the component elements of ergot, apply them individually, and endeavor to discover the wherefore of their affinity, and the quo modo of their pathogenetic operation. Component elements of ergot as given:

1. Sclerotinic acid and scleromucin.
2. Ergotinine.—Tauret.
3. Ergotinic acid, sphacelinic acid and cornutine.—Dragendorff and Podmissotzky.

"Extract cornut secal, cornutine and sphacel."—Kobert.

4. Methylamine, trimethylamine, ecbolina and ergotina.—Wenzell.

Would it not facilitate our purpose of simplification of these individual affinities of nerve and drug, to begin their investigation by applying them to an individual nerve force?

Following this plan, let our initial effort be directed to their association in a special sense, the eye, for example. As respects the application, considered anatomically, our readers are doubtless too familiar with the various constitutional elements of the ocular globe to need more than a rapid glance at them. The globe of the eye may be likened to a closed chamber, in which there are closets or receptacles, all filled with various objects, differing in kind, each possessing its own intrinsic value as respects its contribution to the great function of vision, and all illuminated and made visible by the light penetrating the corneal bow window and iridian pupil. A current enumeration will give us, first, the fibrous walls of the tunica sclerotica, strengthened externally by recti muscles, its lamina fusca uniting its inner surface with the choroid, the three layers of the latter, its tunica Ruyschiana, pigment layer, granules, nucleated cells, etc., the cornea, five laminæ, Descemet's membrane, conjunctival epithelium cells, vessels, iris, circular and radiating muscular fibers, ciliary nerves and vessels, humors, vitreous, aqueous, hyaloid membrane, lens, capsule, anterior and posterior chambers, etc., etc.

This cursory glance shows sufficiently the number and variety of the objects that go to make up the organ of vision. Of course, a more microscopic view will disclose many other constituent elements, but among those already enumerated are fibrous, muscular, vascular, gelatinous, aqueous, cellular, granular elements, each and all subject to nerve and drug action, and here there is abundant material from which to construct our argument of nerve and drug affinity, the object at issue. In addition to the wide mental scope of ergot, to which which we have already adverted, among its toxic properties, authority gives the power to produce "hyaline degeneration of the lens, cataract, opacity of the cornea, dilatation of the pupil," and inasmuch as dizziness, vertigo, stupor, dimness of vision, vague and wandering expression, and even blindness, are among its pathogenetic effects, then cerebral intoxication, so profound as to involve the cell sources of the optic nerves, and onward to the retina and its fibrillar-chromo-receptive expansion may be reckoned as in the category of its morbific influences.

Let us recall for a little, some of the physiological forces of the ganglionic system, especially that one to which the name "vaso-motor" has been given, not forgetting its associate stimulus, so intimately connected with it all through the body, the cerebro-spinal. To what nerve force

or forces is the eye indebted for its vitality, and when we say eye, we mean the ocular globe and its contents, not including the retina in this part of our investigation, as that organ must be reserved for distinctive consideration from another point of view. The nerve forces, then, of the ocular globe may be enumerated as consisting of four kinds, the extrinsic, motor and sensory, and the intrinsic, vaso-motor and trophic.

The extrinsic nerve forces are essentially cerebro-spinal, and, as anatomy teaches, are dispensed by the third, fourth and fifth pairs of cranial nerves. The phenomena observable through their action, singly or by association, that are indicative of the nerve and drug affinities—toxic—of ergot, are seen in the incapacity of fixedness of the globe, its rotary movements, vague wandering and lack-lustre expressions of the eye, and such evidences as manifest the absence of ocular co-ordinate co-operation. But it is with the more vital and vivid vaso-motor and trophic nerve and drug affinities that we have to do, and that concerns us most in our desire to find them out and get at the secret of their operations. For this we must question the opthalmic or ciliary ganglion, a little, seemingly insignificant nucleus of gray, nervous matter—substantia gelatinosa—but which, because of the life that is in it, and dispensed from it to the eye, and in its power for good or evil, the good from its nutrient and trophic influences through its vaso-motor and vital nerve forces, the evil because of the intermission in abstraction of those same forces, and in consequence, disease and destruction of the eye might almost be likened to the subtile force that is shut up in the compass of a ball such as a boy would put in his pocket, and make the echoes of Central Park ring with his jubliant cries, as he watches its airy flights, and yet, when emancipated and set free from its narrow limits, will wreck and level man's strongest architectural labor and toil by the dynamitic power of that evolution of cunning chemistry, called nitroglycerine. What is the world to blind eyes but one impenetrable night? and yet, here is an almost microscopic figment of nervous matter, hardly bigger than the head of a pin, made up of contributions from trifacial and ganglionic sources, that can draw that impenetrable curtain of night, until the darkened soul cries out, Give me light! Oh, give me light! So can the toxine of our drug exercise its poisonous power upon the vital principle of the gray nucleus of nervous matter, and stop the flow of the nutrient currents by vaso-motor and trophic paralysis. With what result? Conjunctival, epithelial and corneal congestions, inflammations, infiltrations, opacity, ulceration, and final destruction, degeneration of lens, capsule, vitreous humor, hyaloid membrane, choroid, iris, indeed of the ocular globe. What has worked all this devastation? What else but that mysterious affinity between some one or the other of the elements of ergot with nervous matter and its motor and sensory, vaso-motor, stator or laxator, trophic and vital powers and influences!

Avoid promises—they are thin ice and dangerous.

THE TREATMENT OF CYSTITIS IN WOMEN.

By W. Thornton Parker, M. D., Groveland, Mass.

A RECENT article in the *Revue Obstet. et Gyæncol.*, concerning the treatment of cystitis, has attracted my attention.

According to Skene, this disease is much more common than is generally supposed.

Without considering the pathology of acute or chronic cystitis, I wish to call attention to a method of treatment which has, in my experience, been more satisfactory than any other.

In the first place, I should like to say that the apparatus suggested by Dr. Skene is the most convenient. This consists of a medium-sized, soft rubber catheter, attached to a piece of rubber tubing by means of a piece of glass tubing. A small glass funnel is introduced into the end of the rubber tube, completing the instrument.

The catheter is introduced in the usual manner to empty the bladder. To wash it out the solution required is emptied into the funnel and raised sufficiently to allow it to flow into the bladder. By lowering the funnel the fluid escapes, and this process may be repeated as often as desired. Any degree of pressure can be brought to bear, and the fluid can be emptied as rapidly or as slowly as may be desired, by raising or lowering the funnel.

One must be careful to prevent the entrance of air into the bladder. This can be accomplished by allowing a small quantity of the urine to remain before beginning the treatment. Generally speaking, some urine will remain in the catheter, and by filling the funnel before elevating a sufficient quantity will meet the urine in the catheter and prevent the entrance of air.

Where the bladder has already been emptied the catheter must be carefully introduced, filled with fluid, before the funnel is elevated.

The greatest caution must be observed in the use of absolutely septic instruments; carbolated vaseline is the best lubricant.

Many cases of cystitis will promptly show improvement by merely washing with warm water.

I prefer the use of boro-glyceride to anything else, in the treatment of cystitis. I use it 1-20 sol., even in the washing out process; and increase the strength if I wish to medicate the walls of the bladder.

I begin my treatment by prescribing tablespoonful doses of Tarrant's Selzer Aperient, in a tumbler of water, an hour before breakfast.

Have the patient procure a large tumbler, such as is used for soda water; into this put a tablespoonful of the aperient in dry form; upon this, pour an ordinary sized tumbler of fresh water. Stir rapidly, and drink while it is effervescing. This should be taken two or three times a week.

This not only overcomes the usual tendency to constipation, but seems to act favorably upon the kidneys and bladder as well.

I do not hesitate to specify Tarrant's aperient, because I know of no other as efficacious.

Besides the injections into the bladder, I recommend the use of hot Sitz baths, once or twice a week, together with injections into the vagina of hot water with boro-glyceride, or glyco-boron, as it is commonly called.

After the injections, I use suppositories of glyco-boron, and where the pain is sufficiently severe to warrant its use, I recommend the addition of a sufficient quantity of morphine to allay the pain.

Where there is prolapse, or misplacement of the uterus, I use ring pessaries of tarred jute, which I find very acceptable to the patients.

Special attention is given to diet, bread and milk, soft boiled eggs, toast, chicken, baked potato and milk, dipped toast, hasty pudding and such articles of diet having the preference, and epecially avoiding tea, coffee, spices, and anything which might increase irritation of the kidneys.

The recumbent position, and when in bed, I suggest the patient rest as much as possible upon the stomach.

The use of cantharides, cubebs, copaiba, balsam of Peru, oil of turpentine, oil of sandal wood, benzoic acid, buchu, and such remedies, I have entirely discarded as worse than useless.

In some cases I prefer the good old fashioned Dover's powders, in small and repeated doses, to the use of morphine.

Cocaine and chloral hydrate I consider worse than useless.

Iodoform is disgustingly inexcusable.

Astringent injections which cause pain should never be employed.

I think that this line of treatment will be found easily employed and rapidly healing.

CLINIQUE.

TWO ILLUSTRATIVE CASES OF TINEA TONSURANS.*

BY CARL WEIDNER, M.D., LOUISVILLE, KY.,

Professor of Histology and Pathology in the Kentucky School of Medicine, etc., with Remarks by I. N. Bloom, A.B., M.D., Dermatologist to the Louisville City Hospital, etc.

I HAVE the pleasure of showing you two cases of tinea tonsurans, which represent a class of patients that all of us in general practice are sometimes required to treat. These cases occurred in an orphan asylum, where they have about a hundred children, mostly under twelve years of age, and where, for several years, there has been an endemic of tinea tonsurans; it seems never to have left the institution entirely, and it has been noted that almost all new children that have come there, some from other institutions, have been affected by the trouble in a more or less marked degree.

*Stenographically reported for this journal by C. C. Mapes, of the Louisville Clinical Society.

The cases before us show possibly two extremes. The boy shows two diseased patches, each about the size of a quarter of a dollar, which have been in existence four weeks. You will also observe a scar on his head near one of the patches. This was caused by a scalp wound, and has no connection with the disease in question. The centers of the patches are covered with dry, bristly hairs, and at the margin we see little vesicles and more or less reddened papules.

The little girl shows the disease to a greater extent than the boy. It is the most extensive case that I have ever seen; it covers, as you will notice, the entire vertex, and has been in existence nearly two years. This case shows the disease to a very marked degree. Of course, the diagnosis in these cases is very clear. There are cases of so-called tinea trycophytina which may affect other parts of the body. When it affects the bearded region we speak of it as tinea sycosis; and when the body, as tinea circinata, while the form before us, being situated on the scalp, represents the tinea tonsurans. I want to say a few words about the causation of this trouble and its treatment.

The cause is well-known to be a vegetable parasite, which belongs to the lower form of those which we call hyphomycetes, or thread moulds. These parasites lodge in the upper layers, mainly of the epidermis, and penetrate along with the hair and hair-follicle into the deeper layers of the skin, and invade the hair itself as well as its epidermal investments within the follicle. They are made up of mycelium or a mesh work of threads, and a large number of spores. So much for the cause.

The symptoms are well-known, and as far as appearances are concerned (as I am dealing only with tinea tonsurans) they are patches of skin, devoid, or practically devoid, of hair. The skin becomes scaly; sometimes little vesicles form. In most cases, however, a papular condition results, with a hypertrophic condition of the epithelium, and with more or less desquamation. In addition to that, the hair, with its investment, which is the main seat of the trouble, undergoes the most marked changes. The hair becomes dry, brittle, the spores or mycelial threads grow down between the longitudinal cells of the hair as well as around it, destrowing the medulla by compression, as well as its outer wall, causing disorganization of the bulb and of the root sheath. This explains why the hair becomes brittle and why it falls out spontaneously, or often breaks when we try to pull it out. You have probably noticed the white scaly covering upon this child's scalp, made up of loose epithelial scales and the parasite itself.

Tinea tonsurans principally affects children under the age of twelve years; seldom does it attack grown people. I do not remember to have seen a case occurring in a grown person, although I see no reason why it should not do so. Its duration is put down by the authorities as very variable, and the disease is divided into the acute and chronic forms. The duration may be a few weeks, or, in intractable cases, several years. At

least it has been so stated by the authorities. The diagnosis from similating affections, as eczema impetiginoides or syphilitic eruptions, can best be settled by the microscope.

As to treatment: I know nothing about the treatment that the cases before us have received. Dr. Bloom, I think, told me that he had used a preparation of bichloride of mercury in tincture of benzoin. I mention this because some days ago I received a letter from the Chairman of the Board of Trustees of the institution where these children are kept, asking me as one of the visiting physicians for advice with reference to this special matter; whether this disease could not be cured and exterminated from the institution. I told him I would investigate the matter and report. I understand that Dr. Boggess, one of the other visiting physicians, has also received a letter to the same effect.

I believe I have never treated more than a dozen cases of this character before. The treatment, it seems to me, can be laid down in three or four principles. Knowing the cause of the trouble, it seems plausible that we should be able to cure it. The indication is, to destroy this vegetable germ, to prevent the reproduction of the germ, and to prevent infection of those not already contaminated.

I believe the treatment then should be largely preventive. The direct treatment ought to consist of destruction of the germ, and the question is how should this be done. First, we ought to cleanse the parts thoroughly, and we know by experiments in the laboratory that these forms of organisms grow best upon acid media, and not so well in alkaline. Therefore, we should cleanse the parts thoroughly by washing and scrubbing with an *alkaline* soap, and having done so we ought to apply medication in the form of some agent that we know by experience will destroy the growth of these parasites. These agents ought to be of such nature that they will penetrate deeply into the layers of the skin; they should be applied often, and protected against evaporation. After the surface of the scalp has been thoroughly cleansed, it is recommended that we pull out all the hairs found in the diseased spot, and also those for some distance around it, before we apply our medication. I have used in these cases a solution of iodine and carbolic acid, applying this solution, after thoroughly cleansing the parts, with a cotton mop. The next day I washed it off with green soap, and then made another application, and so on for several days. I remember one case we had at the College Clinic which was cured very readily by this method. In all cases, of course the scalp ought to be ridden of its hair by the method I have suggested, and the rest of the hair cut short. This is for a double purpose—it renders our application more effective, and lessens the danger of extension and continuation of the disease.

The remedies that are recommended by most authorities are carbolic acid, bichloride of mercury, and in some extreme cases, chrysarobin in solution. But I noticed one authority, at least, in addition to bichloride, suggested the compound tincture of benzoin. The liquid portion of this agent evaporates very quickly, leaving the active principle in contact with the diseased surface. I understand that Dr. Bloom has used this agent in these cases, as recommended by Dr. R. W. Taylor. Chrysarobin may be employed in solution, or in collodion, or with other solutions.

Dr. James Foulis, of Edinburgh, makes the remarkable statement that he cures almost every case within about a week's time. I regard this as a very remarkable statement. His method consists of the following: In the first place he cleanses the head thoroughly; he follows also the method of depilation; then the scalp is thoroughly rubbed or washed with spirits of turpentine until the child evidences some pain; then the turpentine is washed away with a ten per cent. carbolic soap; this is done thoroughly, so as to remove all the oily matter which has been dissolved by the action of the turpentine, etc., using the soap and a brush; then after drying the scalp he applies tincture of iodine, and then any oily substance, vaseline, etc., is rubbed into the healthy scalp, with a view of protecting the healthy hair, and of gathering up any loose spores which have possibly been left on the surface. Under this treatment he claims to cure most of his cases in one week.

This method seems to me to be a very rational one: First, we use an agent which will dissolve all fatty substances, and penetrate deeply along the root sheath and into the hair-follicle, removing all foreign matter much more thoroughly than could be done with water; then this is thoroughly washed off with soap, and after that iodine is applied. He says that iodine as well as turpentine, being anti-parasitic, meets all the indications. Iodine is soluble in turpentine, and if some of the turpentine is still lodged in the crevices of the skin it takes the iodine, and the effect is more lasting than it would be under ordinary circumstances.

Other methods have been suggested, remedies to produce inflammatory action of the skin; croton oil, plasters, etc., but these are of uncertain value.

The special point that concerns us as to the management of the cases before us is, not only to cure but to prevent new development. All the affected children in the institution should be put in one room, isolated, and a thorough treatment inaugurated. They should have separate cups, towels, bedding, combs and brushes, etc. The clothing and everything that comes in contact with them ought to be kept away from the other children, or what would be better, have all infected clothing, etc., destroyed, or if possible, thoroughly sterilized by boiling and steaming. With the employment of these methods I see no reason why the disease should not be stamped out of the institution.

REMARKS.

Dr. I. N. Bloom: I claim an unusual experience in these cases, because I am Dermatologist to the Louisville City Hospital and the Masonic Widows' and Orphans' Home, and have been for eight years. The cases before us are especially

interesting to me, because eight or ten days ago I received a letter from one of the managers or trustees of the Widows' and Orphans' Home, asking for some information as to the proper treatment and management of such cases. He wanted to know, among other things, whether children having this disease should be isolated, and what was the best way to prevent its spread in the asylum, and several other more or less important questions. I replied to his letter, stating that I would be very glad to be of any assistance that I could.

In the literature of the subject I noticed recently an account of one of the so-called infallible cures, such as Dr. Weidner speaks of. No matter what remedy you employ, you will sometimes encounter cases that are very hard to cure. If you take a remedy that has proven almost a specific in the hands of some other physician, you will find that in your case it will not effect a cure. To show what results I have had, a little boy in my private practice contracted the disease two years ago, and although I gave it every attention I possibly could, a cure was not effected until six months ago.

There are two forms of this disease that must be considered. In one form the disease seems to attack only small areas about the sides of the head; in the other sometimes the whole scalp is involved. The latter form is the most difficult to treat, and prolonged infection is likely to result. The two forms of the disease are well represented in the cases Dr. Weidner has shown us. I recently saw an extensive case of tinea tonsurans, that had been treated by a general practitioner for dandruff.

I wrote the gentleman in reply to his letter that I did not believe the continued presence of the disease in the asylum was due to lack of attention on the part of physicians or nurses, and its eradication seemed almost impossible. A few cases will always be found among the children there, and such was the case when I took charge of the Dermatological Department of the Masonic Widows' and Orphans' Home. During the first year I thought we had succeeded in stamping out the disease. It is a very difficult thing to keep down, however, and only remained stamped out for a few months, or possibly a year, when new cases developed In eight years I presume I have treated five hundred cases. The treatment, to be successful, must be prolonged. As to the best drugs to be employed in the treatment of this disease, that would be a difficult question to answer. I have found methods which will bring about prompt cure in one case will have little or no effect upon another. As for isolation, I do not think any form of isolation would be of benefit, except the isolation of new cases when the hospital is free from disease. There is a stage when the old cases after treatment become non-infectious apparently. We have all seen children who have never been affected by the disease, though they have come in close contact with children who were affected. Another strange feature is that three or four new children may come into the institution, where there has not been a single case of the disease for a considerable time, and these new children will develop the disease and several others be affected. Or one child may have the disease, and be treated and cured without other cases developing. Some children seem more prone to the disease than others, and while you are treating a new case, together with old ones, the new case will recover and the old ones still have the disease. During this time new children may be brought into the asylum and do not develop the disease, not seeming to be liable to it. I believe the best plan would be to isolate all new cases where it is possible to do so, and this should be complete, carrying out the suggestions made by Dr. Weidner, allowing them to have their own bar of soap and everything else.

The only explanation I can offer as to why children have the disease and grown people do not, would be about the same explanation as to why children have whooping cough and grown persons are exempt. It would seem that grown people are capable of resisting the spores.

As regards laboratory experiments, no one, unless he be a competent and practical bacteriologist, who has had extensive laboratory experience in examining with the microscope various forms of parasitic life, is able to differentiate the different forms and recognize them.

As to treatment: The doctor, in reporting his cases, about covered this feature. The first thing to do is to wash the head thoroughly and keep it cleansed. For this purpose, I use either German soap or a very strong mixture, composed of alcohol, two parts, and German soap, one part. Having cleansed the head, depilation is of prime necessity, and the reason for it is readily apparent when we consider the cause of the trouble. Depilation may be done best by taking a piece of thin wood, like a paper knife, for instance, and pulling the hairs out with it and the thumb. A trained nurse can do the work as well, and the hair should be plucked in this manner regularly once a week. In my experience, it is a matter of indifference as to what you use afterward. The drugs recommended are usually the antiseptics, and principally carbolic acid and iodine. I have never used benzoin. I do not believe in shaving the head, because it prevents the more important feature of depilation, and you cannot shave deep enough to take out the root of the hair itself. Among the drugs I have employed, there is one in which I have the greatest faith, I suppose because I have had the most marked success with it, and that is resorcin salve, 20 to 25 per cent. strength, or in solution, 10 to 20 per cent. Sometimes I use alcohol, following this with resorcin.

REPORT OF TWO CASES OF TRAUMATISM.

BY WALTER F. MORGAN, M. D., LEAVENWORTH, KANSAS.

I OFFER the following report, thinking the cases may prove of interest, especially to the more inexperienced members of our profession.

S. K., æt. sixty-nine, had suffered for thirty-three years with a varicose ulcer on the left leg.

The ulcer developed soon after an injury caused by the fall of a horse upon the leg. The sore was 3¾ inches in length by 1¾ in width, and was located just above the tibio-torsal articulation. The patient held to the too common belief that when the system has become accustomed to a chronic discharge of pus, it is always bad practice to entirely check it, and hence he bore his affliction with much fortitude, while trying various external and internal remedies to keep the trouble within proper bounds. Last March, upon the advice of Dr. J. L. Wever, ex-chief surgeon of the Leavenworth National Soldiers' Home, I directed the patient to assume the horizontal position and to elevate the leg to an angle of 35° to 40° and to apply constantly, night and day, the "water-drip" at a temperature in the reservoir of about 110° F. For the first month of this treatment there was relief from all pain, except that of the constrained position, which necessitated removal of the dripping apparatus for five or six hours every night. Under this treatment the leg was promptly relieved from pain and the extremely offensive odor, which had previously existed, and the ulcer healed to about half its original dimensions. But now came an arrest of the curative action. With Dr. Wever's further advice and valuable assistance, I then made six incisions down to the bone—three above the ulcer and three below, thus connecting it with the more healthy surrounding structures, and relieving the constricted tissues immediately around the ulcer. We then detected with the knife—what we had been unable to do with the probe—the presence of slight caries of the bone. This was chiseled off and two lateral incisions, one four and the other six inches in length, were made to the bone, to relieve the structures on either side, so that they could be drawn together by strong silk sutures and cover in the denuded bone.

The wound was dressed with iodoform, bichloride gauze and Lister's protective, bandaged and elevated as before.

This painful and tedious operation was mostly done after the patient became fully conscious, as we found him unable to well bear the chloroform. In three or four days it became necessary to remove the dressing, when, owing to the diseased state of the tissues, some of the sutures had torn out and a small slough had formed, which was cut away, and the "drip" again applied for three or four weeks, when the sore was in good condition and ready for the operation of skin-grafting. A complete cure resulted after a very tedious and trying treatment of twenty-six weeks, during which time the elevated position was strictly maintained, except toward the last, when more liberty was allowed to the patient.

However, the patient and his family and the attending physicians all feel richly rewarded for their trouble, and only regret that the best part of the man's life has been handicapped by a disability that should have been cured thirty-three years ago.

The second case was that of a boy, G. R., æt. thirteen, seemingly active and healthy in mind and body, who, while running at the top of his speed, with a bundle under one arm, tripped and fell, and, it is supposed, struck his head upon a stone. The accident occurred September 9, 1895, about 7 P. M. A few moments afterwards the boy's father found him lying where he had fallen, moaning from severe pain, but not fully conscious. At first the pulse, breathing and pupils seemed nearly normal, and deglution was performed without much difficulty, and there was not the slightest evidence of an external lesion of the skull or the scalp. But consciousness did not return, carpo-pedal spasms with stertor and tachycardia supervened, and death occurred, beginning at the heart, about seven hours after the accident. Respiration continued for perhaps five minutes after the heart ceased to beat. I venture to report this case, as it is very rare for a healthy and active boy to meet death in such a manner. It is probable that having a package under one arm caused him in falling to turn partially around, so that the back of his head received the full force of the shock.

I called Dr. Wever in consultation in this case also, but symptoms of effusion soon manifested themselves, and showed that *scientia et ars* could do very little in such an emergency.

NORMAL PREGNANCY IN A WOMAN IN WHOM ONLY A PORTION OF AN OVARY HAD BEEN LEFT.

Translated from the "Cliniques Francaise" by J. A. Carmichael, M. D., New York.

DR. SHERWOOD DUNN, of Paris, thus reports the following case: Of late it is becoming the custom to preserve as much of the annexæ of the uterus as possible, removing only the parts that are diseased. Following this operative method certain operators have practiced salpingostomy, or the resection of a portion of the obliterated tube, so as to render permeable the canal of the tube, and have succeeded in obtaining succcessive pregnancies. One of the first innovators in this method of procedure is Martin, of Berlin, who procured a series of successful results.

Skutsch, Pozzi and others followed in his steps, and pursuing a similar method, Prof. Pozzi operated upon the case here reported. It was not a salpingostomy, but a resection of the ovary. We know that the ovary consists of an innumerable number of Graafian follicles, and that when arrived at maturity, one of the follicles opens and permits the escape of an ovule; one of these ovules is sufficient for fecundation. According to Sappey, their number is 300,000 for each ovary, so that, says this author: "If all the ova that a young girl carries on the surface of her ovaries were fecundated, and if these fecundated ova subsequently passed through all the phases of their development, a single woman would be sufficient to populate such cities as Lyons and Marseilles, and four could populate a capital like Paris." Hence, it follows that three-fourths or even four-fifths of a diseased ovary could be sacrificed without inconvenience or the compromise of ulterior

fecundation. In other words, it is possible to remove a portion of a diseased ovary and still preserve its ovarian function and the possibility of subsequent pregnancy.

THE CASE.

A patient of thirty-six years entered the Hospital Broca on the 12th of September, 1894. She was in labor, and two hours after was delivered of a child weighing 3 kil. 400 gr. It was well formed, and mother and child left the hospital at the end of eleven days. The midwife of the hospital drew my attention to this case as being one of our old patients that had been operated upon, and this fact made it truly interesting. She was the mother of five children. Her labors, with the exception of the fourth, had occurred without any complication. Some time after the last labor the left side of the uterus and its annexæ became very sensitive and painful, and accompanied with a very abundant leucorrhœa. The pain gradually increased, and frequently caused fainting. For two years she frequented different clinics, where she received different kinds of treatment, such as vaginal injections, intra-uterine applications, cauterization of the cervix, and tampons of glycerine. She entered the Hospital Broca in October, 1893, where she was examined. She then left, but returned again on January 18, 1893. Between these two dates she kept her bed, suffering constantly. On the 10th of February she was operated upon, a practical examination, under chloroform, having denoted a great relaxation of the vaginal walls and prolapsus of the uterus. On the left, in the vaginal cul-de-sac, a tumor was discovered, hard, rugose—parenchymatous salpingitis—with probable thickening of the annexæ. On the right, in the right lateral cul-de-sac, the annexæ of the uterus were found with difficulty. They seemed to be small and without any increase of volume. The lesions were caused by old inflammations—perimetritis, perisalpingitis. Laparotomy was at once proceeded with. The left ovary was found to be friable, with irregular projections of a fibrous character, and a considerable number of sero-sanguineous cysts, degenerated and hard. The tube was thickened, its extremity discolored and nodular, but permeable. It was concluded that it would be better to remove it, with the corresponding ovary. The right ovary presented a tumor on its external surface, of the size of a bean; the rest of this ovary appeared to be healthy. The right tube was thickened and conjested. It was permeable, and it was decided to excise the small tumor of the ovary, which was done, only resecting about one quarter of the total mass of the ovary. The lips of the wound were sutured with fine catgut, and the slight hemorrhage that ensued was arrested by means of the thermo-cautery. The ovary and the tube were replaced in the abdomen, which was duly closed. The patient rapidly recovered, and left the hospital on the 12th of March, 1894, and she was not again seen until the present labor and delivery. On questioning her, I learned that since the operation she has had no pain, was in good health, and began to see her courses, three months after the operation. This marvellous result proves that a woman may become pregnant with only a fragment of an ovary. It proves moreover that the treatment consists, not in the radical removal of the ovaries, but in the preservation of the whole of them, or as much of them as possible. At the French Congress of Surgery of 1894, Dr. Goullioud, of Lyons, cited consecutive uterine pregnancies occurring after the removal of vaginal obstructions, and reports eleven cases of women that had been impregnated after the evacuation of vaginal purulent collections.

Dr. Boisleux, of Paris, presented to the same congress a very complete investigation of chronic and acute pelvi-peritonitis and its treatment. The author passed in review the different methods of treatment, and especially recommended a method of operation which he called "elytrotomie, interligamentaire"—interligamentous elytrotomy—or a vaginal section made between the sacro-uterine ligaments. He insists that the incision must be longitudinal and not transverse, with the sole view of respecting the integrity of these ligaments. Dr. Boisleux utilizes the vaginal passage, in order to break up the adhesions produced by perimetritis. He recommends tubular drainage in crucial form following this operation; in this way he assures the escape of the pus, and of the different sero-sanguineous secretions which are produced by the rupture of the adhesions. By the drainage so made, the reformation of the adhesions and purulent accumulations are prevented. According to Dr. Boisleux, an ovary bound by adhesions is an organ that should not be sacrificed, but set at liberty, and its function, which has been lost by the net formed by the adhesions, should be restored. At the same time, with the restoration of the function, we give health to the patient by suppressing the intolerable suffering reproduced at each menstrual epoch; and moreover, give her the chance of becoming pregnant.

Conclusion: An infinitessimal portion of an ovary suffices for fecundation, as it contains some of the 300,000 follicles that an ovary contains.

M. Jouin: The fact signalized by our confrere, Dr. Sherwood Dünn, is far from being rare. Dr. Péan, in the clinics of the "Hôpital Saint-Louis," and Ornières in his thesis—1880—cite many cases of menstruation, and indeed of pregnancy, after the ablation of the ovaries. They have given different explanations of this phenomenon, but there is only one true one. The cysts, by dissociating the different elements of the organ, separate them sometimes from its center to such a point that it is supposed that the whole organ has been removed, when, in fact, there has been simply a retirement of the principal nucleus, and these elements continuing to perform their functions, permit the occurrence of menstruation and pregnancy. But it is well demonstrated to-day that, without ovaries, there can be no menstruation, and that their total ablation produces definite and complete suppression of the whole function of reproduction.

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Changes of standing advertisements and communications in regard to that department, should be addressed to BENJ. LILLARD, Advertising Manager, 19 Liberty St., N.Y.

EVERY SUBSTANCE WHICH, IN LARGE DOSES, ABOLISHES THE PROPERTY OF AN ORGANIC ELEMENT, STIMULATES IT IF GIVEN IN SMALL DOSES.

—*Claude Bernard.*

NEW REMEDIES.

THEIR name is legion. Their chemical symbols bristle upon the pages of pharmaceutical journals, each combination more scientific than the preceding, and each appealing more strongly for public favor. As the drugs are tested in the sick room a few, a very few, show such manifest excellence as to form an important part of our armamentarium against disease, while the others are consigned to the tomb to be excavated perhaps at some later day under another name. Iron for ages has occupied an important place in the list of remedies dispensed by almost every physician. Notwithstanding the skill of the chemist has been taxed to the utmost to present this element so that it could be more readily taken up by the circulation and enter the blood as an oxygen carrier, the profession is constantly turning back with renewed confidence to the simple iron rust, the chalybeate springs and the plain tincture muriate of iron, which have so often proved effectual. A new preparation has recently come to the front which has the scientific and clinical indorsement of such men as Schmiedeberg, of Strasburg, Germain Séc, Marjori and Eichhorst, who have used it in their clinics and with their private patients.

Ferratin, the new preparation, is prepared in the laboratory of Professor Schmiedeberg from egg albumen and chemically pure iron salts in an akaline solution. The professor, in his studies of the uses of the elements in food to build up the various organs and carry on the process of life, and the condition in which they were held to be readily assimilated, established the fact conclusively to his own mind that the iron necessary for blood formation is supplied to the body in the very form which he has worked out in the laboratory from his studies of food, and that it exists in this form in all food, both animal and vegetable. Where it exists at all, as the Ferratin produced in the laboratory is but a copy of that found in food, it follows that it is easily taken up and assimilated by the human body when it is needed, without creating any gastric or other disturbance. Prof. Schmiedeberg claims to have extracted Ferratin from the liver and other organs of the body, and found it to be precisely the same as that produced in his laboratory. As absorption and excretion appear to be mutually controlling, there is no danger of overloading the organism. The professor claims that as Ferratin is simply a food, it should be used in those cases where the iron element is lacking, and where the general disturbance depends upon its absence. Barholzer, in Eichorst's clinic, states that in anæmia following acute disease, the hæmoglobin and also the red cells were increased 5 per cent. in eight days. In chlorosis the same results were visible, even in a more marked degree. The digestion and appetite were improved, and there was no constitutional disturbance. Germain Séc finds that it can be employed in all cases where iron is indicated, the curative action not being interfered with by injurious secondary effects, as is often the case when ferruginous preparations are used. As it is an alkaline preparation, acids immediately before and after taking it should be avoided. The dose to adults is about 5 grains three times a day, and as it is odorless and tasteless, children take it without trouble.

Theoretically Ferratin has come to stay, and if the results obtained by its use are substantiated in general practice, it will prove a most valuable addition to our materia medica.

Another addition to the long list of antipyretics and hypnotics challenges the attention of the profession in the form of lactophenin. This preparation is precisely the same as phenacetine except that its radical is *lactic acid*, instead of *acetic acid* in the latter. Those who have used the drug claim that while it rapidly reduces the temperature it has no depressing action upon the heart, and is not attended with the drenching perspiration which accompany many others of this

class of preparations. The pulse, as a rule, becomes fuller and slower. As a hypnotic it has a peculiar calming effect on the restlessness and delirium of typhoid fever. Those who have used this drug have remarked the entire absence of gastric disturbance, or of any unpleasant secondary trouble, and have found its strongest recommendation in fevers in its peculiar soothing, hypnotic action, occurring simultaneously with the antipyresis. Like phenacetine its action is markedly apparent in relieving the pain in croup or pneumonia, and in those coughs which disturb the sleep.

Fewer failures would result in all of this class of remedies if their peculiar action were studied with more care. Each has a position peculiar to itself, and while some cover a larger class than others and are more direct in their action, the drug in all cases should be as carefully indivjdualized as any other in the materia medica.

PROVE ALL THINGS—HOLD FAST TO THE GOOD.

AT every change of the moon some new medical wonder is announced. A few days ago Dr. Mitchell called attention to a fluid of such marvelous and numerous virtues that it seemed destined to control all ills this side of death and decay. Not to be outdone, Dr. Edson quickly followed with a glowing account, in the daily press, of an instantaneous annihilator of the most fatal diseases. Of course, we cannot say that these well advertised medicaments do not possess the healing powers claimed for them, but it is well for us to exercise a little *just skepticism*, especially when new remedies are heralded with a loud flourish of trumpets. On the other hand, it is not wise to doubt too much, as the medical faculty of Paris did when Peruvian bark was first introduced by the Jesuits. They forbade physicians in good standing to prescribe it, under pain of being classed with the quacks. Had not the king been cured of a serious malarial fever by its use and issued an edict forbidding the stigma of charlatanism being placed upon physicians who employed it in practice, the Lord only knows when its blessings would have reached suffering humanity through authorized medical channels.

Unfortunately, honest men are often taken in by the *confidence game* that many new remedies have a habit of playing. The first intense faith, inspired by a much lauded medicine, works wonders, and confiding men may mistake the reviving influence of their enthusiasm for the action of the remedy. After a few brief triumphs the supposed healing powers of the drug depart.

Among the marvel workers which have come down to us from the past, having withstood the tests of time and experience, is one, known in its early days as *the salt of many virtues*. Although stripped of the godlike quantities attributed to it by those who lived in the years of its ancient glory, we still hold it in high esteem under the name of *Rochelle salts*. Unquestionably it cured diseases in those olden times that it does not even benefit to-day.

About twenty-five years ago a German physician offered a healing fluid, said to possess many of the virtues claimed by Drs. Mitchell and Edson for their fountains of life. With it Kumyss was introduced here, an important part of the treatment being for consumptives to drink Kumyss while taking the medicine. After a few remarkable cures, it silently passed to the land of forgotten drugs. So it will be to the end of the chapter.

Real merit may sooner or later be discovered if a remedy has any; but unfortunately good things are sometimes slandered or ridiculed into temporary oblivion and return rehabilitated in some later generation. For instance, we detect in that really great blessing to mankind, diphtheria antitoxine, simply a new development of a law which was vainly urged upon medical men during the early part of this century by Lux and his fellow isopaths. Not one of the modern ressurectionists of their theory, not even that noblest of them all, Pasteur, has had the grace to pay a just tribute to the memory of those brave men, who suffered scorn and persecution *for daring to declare that disease could be cured by using a mitigated poison gathered from the self-same disease.*

This seems a most intolerable bitterness of ingratitude in those who enjoy the plaudits of mankind for doing what those men suffered obloquy for, in the days when our grandfathers were boys. It is their duty, and should be our pleasure, to wreathe laurels around their neglected brows and plant forget-me-nots upon their lonely graves.

ETHER-OXYGEN ANÆSTHESIA.

A SHORT time ago Mr. J. Preston Carson, a chemist who had never seen a patient under the influence of ether, was told by a friend who had, of the cyanosis, or "bluing," that occurred as the anæsthetic became effective.

Mr. Carson has been familiar with the properties of oxygen and acquainted with its various therapeutic uses, and it occurred to him that this agent, in connection with ether, might prove valu-

able in sustaining the patient without interfering with the anæsthesia.

He made this suggestion to Dr. Francis H. Markoe and subsequently to Dr. Carter S. Cole, and both these gentlemen have been experimenting on the idea in the hospitals of this city, with very remarkable results.

A preliminary report on the matter, written by Dr. Cole, appears in the *Medical Record* for October 12th, in which he describes the different methods of administration, and gives details of the results in various cases in which it was tried. The inhaler consists of a simple tin cylinder, closed at one end, and provided at the other with a rubber face-piece arranged to cover the nose and mouth. The cylinder is provided with a wire frame, which holds in place at its farthest end a layer of cotton and gauze. Two openings are made in the end of the cylinder, one in which ether may be introduced from time to time if required, and from the other a rubber tube leads to a wash-bottle containing ether. This bottle is connected by another tube in the customary manner with a reservoir of oxygen gas.

The method first tried was to pass the oxygen through a wash-bottle containing water, then through the ether itself in another bottle, and thence through a tube to the cone in which gauze and cotton moistened with ether had been placed. Later the wash-bottle was omitted and the tube run from the oxygen tank to the bottle of ether and the other tube direct to the cone, the gauze and cotton still being kept in the cone, and the oxygenized ether passed into the cone. In some cases ether was added several times to the gauze during the anæsthesia; in some none was added.

Dr. Cole summarizes the results as follows: "The longest time for complete anæsthesia in any of my cases has been fifteen minutes, the shortest a little less than three minutes. The time of recovery has been from fifteen to fifty minutes. Salivation, that necessitated a cleansing out of the pharynx, has occurred in only one case. Vomiting has not been serious or troublesome in any case, and in the large majority not even nausea has attended the etherization or the recovery. The effect of increasing the flow of oxygen has been to increase the rapidity of the heart's action, and *vice versa*. Respiration has been easy and comfortable, and no struggling or suffocation has been present. The stage of excitement has been moderate and never troublesome; the color has been uniformly excellent, and not in a single instance has any 'bluing' been observed. In the cases in which the temperature has been taken no change has been noted. The largest amount of ether used in any one case has been eight ounces; the smallest less than three ounces, for an hour's narcosis."

We have learned from another source, says the *Druggist's Circular*, that in one case where the anæsthesia was being borne very comfortably, the supply of oxygen was suspended and most alarming symptoms immediately supervened, and by restoration of the flow of oxygen a favorable condition was soon restored, and the operation progressed without any further unfavorable incident.

While this discovery is quite in its infancy, it does not seem too much to expect that it may revolutionize the present methods of inducing anæsthesia. It is true that some operators who have tried it have met with failure, but we have been told, by a gentleman who is carefully watching the outcome of these experiments, that these failures, have in some instances at least, been due to faulty methods of manipulation. There are, perhaps, other cases in which from idiosyncracy effects might be different from what one might expect, but if in others the new method can be made to do what it has already done in the hands of the surgeons named, it will prove a new blessing to humanity.

OPIUM IN EPILEPSY.

THE pathological condition of the nerve cells in the brain is so little understood that treatment in epilepsy is to a great extent theoretical. Every year some new remedy is brought before the public with positive proof of its beneficial effect in certain cases, and yet failure so often attends the administration that it is seen that benefit is only obtained in certain conditions, which have not been sufficiently studied to form a diagnostic picture of much value.

The bromides have long been the most popular and effective remedies in this disease, although their effect is often only at the most palliative. Recently Professor Fleisig, of Leipzig, has published a comparatively new treatment, which has given the most gratifying results. The remedy is opium, given in the form of extract or pill, in from one-half to a grain at a dose, gradually increasing for a week, when the patient reaches the maximum of fifteen grains a day, given in doses in from one to four grains. This dosing is continued for six weeks, when it is suddenly stopped, and bromide of potash or soda administered for some time in doses of half a drachm, four times a day, and gradually decreased to two scruples a day. Of course, the administration of

these large doses of opium must be carefully watched until the patient is accustomed to them. The effect of this treatment was more marked in chronic cases associated with defective development. This plan of treatment can only be considered of marked value in chronic and intractable cases, and in these cases acted not as a curative, but materially lessening the frequency of the attacks and reducing their violence. The opium, it is claimed, prepares the way for other therapeutic measures.

Dr. Israel M. Davenport, of the Illinois Eastern Hospital for the Insane, reports to the October *American Journal of Insanity* the results of the treatment by himself and colleagues, of forty-two cases, with the following conclusion: That while this treatment does not result in recovery, it is soothing to the irritable patient, exhilarating to those suffering under depression and gives a gratifying respite from the attacks, thus adding materially to comfort. He has found no benefit in repeating the treatment oftener than at periods of three months after the bromides have been taken. In every case the attacks become less frequent and the patient less irritable.

DANGEROUS EFFECTS OF COCAINE.

DR. W. L. LITTLE gives in the *Medical World* some experiences with the use of cocaine, which have taught him to be very careful in its use. In one case an injection of ten or twelve minims of a four per cent. solution produced headache, vertigo, and deep and hurried breathing; in another, a few drops of the solution injected in the gum produced faintness, pallor and difficulty of breathing, the pulse becoming threadlike; and in a third, a like small injection produced similar symptoms, followed by convulsions. The case was of the gravest nature, and the patient, although actively treated, did not rally for several hours. The author says in conclusion: "I then promised myself never to use cocaine so promiscuously as I had been doing, especially on pale, delicate patients with light-colored hair, as I believe we meet with more idiosyncracies as respects the use of cocaine in this type of patients than in the opposite, as my experience has shown."

CANTHARIDES AND ALBUMINURIA.

AT a recent meeting of the *Académie de Médicine* M. Lanceraux recommended strongly the use of cantharides in the anasarca following acute nephritis where the epithelial tissues were involved. In one case the patient had passed only fifteen ounces of urine in twenty-four hours. Under the influence of tincture cantharides the urine became abundant, and in eight days the anasarca entirely disappeared. This remedy has long been a favorite in the new school, together with *apis*, in the condition of the kidney here indicated.

WHAT NEXT? It would be a somewhat curious commentary on scientific studies of food if we should at last fall back on the *ground-nut* or *peanut*, as it is commonly called, as one of the best articles of food in consumption. And yet Dr. Brewer, in the *Journal of Hygiene*, tells what remarkable results he gets in consumption by having his patients inhale the fumes of vinegar, and eating as many peanuts as their digestion will stand. The peanut has long been known as an excellent fat producer, and has been used with good results in weak digestion, and in the hands of Dr. Brewer has been found more easily digested, much more nutritious and agreeable to the taste than cod liver oil and its kindred carbon compounds.

THE MEDICAL SOCIETY of the County of New York, by a vote of more than four to one, decided to support Dr. Frank Van Fleet, an oculist, in the defense of his forty thousand dollar libel suit, brought against him by a vender of eye glasses.

The facts, as stated to the Society, were substantially these:

A druggist, who suddenly found his vision failing, consulted the Directory of the Society for an optician. He found in the advertising pages what he was looking for, glasses were selected and reselected several times without relief, and the patient finally consulted the oculist.

Upon examination it was found that the patient was suffering with nephritis; he was sent to his family physician with this statement, and shortly afterward died suddenly.

It was claimed by Dr. Van Fleet that an early diagnosis might have prolonged life, which was doubtless true. A statement of the facts made to the Society at the time was utilized by the reporters of the daily press present with the result of a lawsuit.

Dr. Van Fleet claims that the advertisement is misleading, by its claim to *superior facilities in selecting glasses*, and as it is liable to reach the public, as it did in this case, it should be omitted from the Directory. The editor of the Directory did not take this view, and as a contract had been made for another year, rather than risk a suit for breach of contract the publication was continued. The Society, if it had been taken into the confi-

dence of the editor at this time, would doubtless have absolved him from all responsibility in the matter by promptly voting to leave out the obnoxious ad. and take the consequences. Dr. Van Fleet has reason to be proud of the enthusiastic support which he has received. The subject of questionable advertising will probably be settled now for all time, and quackery, whether in the form of a "dermatological institute" or an "eye-strain institute," will not find place in the Directory of the County Society.

This episode has brought up the subject of allowing reporters of the daily press to be present at the society meetings at all. Many think they should not be admitted, while others are of the opinion that they should be allowed to report only such points as the Society may vote to authorize the Secretary to give them after the meeting is over. It is a question which should be seriously considered.

TEST FOR ALBUMEN.—Dr. John G. Truax gives a test for albumen so delicate that it reveals its presence in 1 to 10,000 of urine, and so simple that any one can use it. A test tube is filled with alcohol from an inch to an inch and a half, and upon this is dropped a little urine. If albumen is present it is precipitated in a white streak; if mucus, there is a general cloudiness. If the alcohol is placed on the urine a white ring will designate the presence of albumen and a general cloudiness that of mucus.

THE profession, we think, will thank us for calling their attention to the medical and surgical clinics of the Metropolitan Hospital, Blackwell's Island, every Saturday afternoon, to which they are cordially invited. The wards of the hospital are full of interesting cases, some of the most important of which are selected every week for the Saturday's clinic. Cards of admission, which will pass to the island and return, may be obtained of the Commissioners or of Dr. A. K. Hills, Secretary of the Medical Board, 669 Fifth avenue.

THE 29TH ANNUAL REPORT of the Homœopathic Surgical and Medical Hospital of Pittsburg, Pa., ending March 31, 1895, shows a total of 1412 patients under treatment during the year, or 33,321 hospital days, of which 28,148 were of the charity patients, and 5,173 pay patients. The average cost per day for each patient was $\$1.23\frac{1}{10}$. The entire cost for maintaining the hospital for the year was $45,000. The very recent discovery in anæsthesia, by which oxygen is administrated with chloroform, was adopted with the most gratifying results, so gratifying that in the opinion of the surgeons the discovery is second only to anæsthesia itself.

The death rate was 6.37 per cent. There were twelve graduates of the Training School. The plan was discussed which has been adopted in many of the training schools, of making the term of service three years instead of two, allowing the last year of the service to be devoted entirely to private nursing.

THE climate of the Bahamas for a winter residence in certain classes of respiratory and nervous troubles is considered the finest in the world, but hundreds are prevented from taking the trip through fear of sea sickness. Though the enterprise of Mr. Henry M. Flagler this trouble can now be entirely avoided. A regular steamer service has been organized between Palm Beach, Fla., and Nassau, making the passage in a few hours. The Gulf Steam makes this short ocean trip almost invariably calm, and the new line will bring the Bahamas and the soft climate of the tropics within twenty-six hours of New York, with only a ferry from Florida to Nassau.

ALCOHOL IN FEVERS.—Armstrong says: "If the tongue becomes dry, discontinue alcohol; if moist, the drug is doing good. If the pulse becomes quicker harm is being done, and the contrary, if slower. If the skin becomes moister, the antipyritic effect of alcohol is obtained, and again good is being done. If the breathing becomes easier continue the drug." The effects of alcohol should be watched with even more care and discrimination than other drugs. At times a most important remedy, it is often given with such carelessness as to be productive of positive harm and even death.

STATE COMMISSION IN LUNACY.—The sixth annual report of the Commission gives the number of insane patients under the care of the State and in city and private institutions as 20,000, an increase during the year of 736. The cost per capita of their maintenance is $184.84 per year, a decrease of $30 in the expense. The percentage of recoveries was 6.03, and the mortality 10 per cent. Of the 16,000 admitted to the State hospitals within the last six years, 44 per cent were of foreign parentage. The Commission recommend that a pathological laboratory be established for the benefit of all the State hospitals.

ARTIFICIAL HUMAN MILK.—A Berlin physician ferments cow's milk with rennet, sterilizes the whey and adds cream to suit the individual. This, he says, closely resembles human milk, and can be used by the most delicate stomach.

THE latter part of our editorial on "Opium in Epilepsy" in the November issue became detached in the printing office from its proper place and attached to an entirely different article. Possibly the types, sympathizing with the subject, had an attack of epilepsy, which we will try to remedy by repeating the article as it was originally written.

BIBLIOGRAPHICAL.

"THE PHYSICIAN'S VISITING LIST FOR 1896," P. Blakiston, Son & Co., is now in the forty-fifth year of its publication. Sold by all booksellers and druggists.

"THE MEDICAL RECORD VISITING LIST OR PHYSICIAN'S DIARY FOR 1896." New and revised edition, published by William Wood & Co., is so well-known to the profession as to render only the announcement of its publication necessary.

A MANUAL OF ELECTRO-THERAPEUTICS, FOR STUDENTS AND GENERAL PRACTITIONERS. By C. T. Hood, A.M., M.D., Member of the American Society of Electro-Therapeutics. Chicago: Gross & Delbridge, 1895.

The aim of the author has been to make his work concise and easily understood, hence practical.

The *modus operandi* is sufficient for the purpose intended, and those for whom the work was written will find it all that is claimed for it, and to such we commend it.

DISEASES OF THE RESPIRATORY ORGANS. By Charles Porter Hart, M.D. With 117 illustrations. Second edition, rewritten and enlarged. New York: A. S. Chatterton & Co., 1895.

Dr. Hart has utilized his wide personal experience and extensive reading in giving the profession a work of rare excellence, fully up to the times.

A MADEIRA PARTY. By S. Weir Mitchell, M. D., LL. D. (Harv.), author of "Characteristics," "When All the Woods are Green," etc., etc. New York: The Century Co., 1895.

This little volume contains two quaint stories told in a charming and interesting manner, as might be expected from its source. We suspect it will find a place on the table of the physician's waiting room, where it will be appropriate.

"LITTELL'S LIVING AGE."—This sterling magazine is familiar to every lover of choice literature throughout the country. Founded nearly fifty years ago, it has done more than any other publication to nourish, stimulate and inspire thought. The best thought of the world in science, literature and art are found on its pages. Issued weekly, giving 3,300 double column octavo pages of the best selections from foreign literature, the magazine keeps one in touch with the ever progressive mind of the Old World. The merits of Littell are too well-known to call attention to them, and this notice is penned simply to acquaint our readers with the fact that the subscription price for 1896 has been reduced from eight to six dollars a year, thus placing it within the reach of a large number who could not afford the old price.

MODERN MEDICINE AND HOMŒOPATHY. Two addresses by John B. Roberts, A.M., M.D., Philadelphia. Points of Similarity Between Us and Homœopathic Physicians. The Present Attitude of Modern Medicine and Physicians Toward Homœopathy. Philadelphia: The Edwards & Docker Co., 1895.

Our readers are quite familiar with the first of these addresses, and they should get this little brochure and read the second.

The quotations from Swan, Berridge *et al.* will refresh the memory as to some Homœopathic beliefs.

MODERN MATERIA MEDICA, WITH THERAPEUTIC NOTES. For the Use of Practitioners and Students of Medicine. By Dr. Otto Roth. Seventh edition. Revised by Dr. Gregor Schmitt, Director of the Royal National and Provincial Boards of Health in Würzburg. New York: William Wood & Co., 1895; pp. 468; octavo.

This work is arranged for practical work as follows: 1. The various remedial agents grouped, according to their physiological and therapeutic actions. 2. Drugs and other remedies, alphabetically arranged, with remarks on their physiological action, therepeutic use and dosage. 3. Remedies most commonly used for sub-cutaneous injection. 4. The most commonly employed remedies for inhalation. 5. Therapeutic notes. 6. Table of maximum doses for an adult. 7. Dosage for children of various drugs. 8. Therapeutic index.

The arrangement is certainly not only practical, but most convenient for study, and contains only the characteristic points. It will be found invaluable by those for whom it is intended.

A TREATISE ON NERVOUS AND MENTAL DISEASES. For Students and Practitioners of Medicine. By Landon Carter Gray, A.M., M.D., Professor of Nervous and Mental Diseases in the New York Polyclinic, Visiting Physician to St. Mary's Hospital, etc., etc. Second edition, revised and enlarged. With 172 illustrations and three colored plates. Philadelphia: Lea Brothers & Co., 1895; pp. 733; octavo.

The author has attempted to place before his readers a working knowledge of the subject of which he treats. The present edition shows considerable alteration, revision, and five new chapters have been added. The interesting subject of Palmus is brought down to date, and a chapter is added on massage. The text is in excellent English, easily read, concisely stated, and is evidently founded upon practical experience. The first edition having been taken up in a short time, has made the present edition possible. The work is standard, and popular as a text-book for students, and as a hand-book for the general practitioner. The physical part of the work is unexceptional.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases, by J. M. Da Costa, M.D., LL D., President of the College of Physicians, of Philadelphia; Emeritus Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia; Physician to the Pennsylvania Hospital, etc. Illustrated with engravings on wood. Eighth edition, revised. Philadelphia: J. B. Lippincott Co., 1895; pp. 1104; octavo.

This work is so well and favorably known to the profession through its many editions that it is only necessary to announce that the present is a revised edition, brought down to date.

What has been said before of this distinguished author as a diagnostitian might be repeated here, but it is not necessary, as everybody knows it. His work belongs to the classics, and is a monument to its eminent author.

The first edition was issued in 1864, the eighth edition in 1895.

No practitioner can afford to be without a copy.

The publishers, as usual, have done their part in an unexceptionable manner.

GREEN'S PATHOLOGY AND MORBID ANATOMY. By T. Henry Green, M.D. Seventh American edition, from the eighth and revised English edition. With 224 engravings. Philadelphia: Lea Bros., publishers, 1895.

This work, in its passage from one edition to another, has been so long before the public, each new edition being fully up to the times, that it is only necessary to say that the present revision has been very thoroughly and intelligently made, old chapters rewritten and new ones added, with sixty additional illustrations, and bacteriological information up to date.

THE ELEMENTS OF SURGICAL PATHOLOGY, WITH THERAPEUTIC HINTS. By James G. Gilchrist, A. M., M. D., Professor of Surgery, Homœopathic Medical Department, University of Iowa. Minneapolis Pharmacy Co., 1895; pp. 343; octavo.

The author says in his preface that he has attempted to present in the volume before us "something systematic in the study of the etiology of morbid action, from the standpoint of one not in harmony with very much of the teaching of the day. The current literature, as well as the text-books, assume so much, and are apparently so oblivious of the fact, that there is wide diversity of opinion on this question, that something seems necessary from the other side on this subject." It is the work of a sincere and earnest *anti*-bacteriologist, and worthyof perusal.

FUNCTIONAL AND ORGANIC DISEASES OF THE STOMACH. By Sidney Martin, F.R.S., F.R.C.P., With fifty-seven illustrations. Philadelphia: J. B. Lippincott Co.

The advances which have been made during the past few years in pathological chemistry, specially affecting the study of functional and organic diseases of the stomach, renders a work, in which the facts thus obtained are clearly stated, timely at the present time, and of great value and help to the physician. Dealing first with the anatomy of the organ and the normal processes occurring in it, the question of food is considered from the standpoint of a normal dietary, including its digestibility and the physiological effects of excess or diminution. The pathology of indigestion is next considered, and the cause, with the varying acidity of the stomach contents in disease, the gases generated, and the process of digestion of the mixed food in the disordered stomach. One of the most important chapters is that devoted to the methods of examination of the functions of the stomach in disease. The work must of necessity cover a wide range, as so many of our troubles are the result of defective digestion, and shows in every department great research and a skillful application of facts.

PEDIATRICS, THE HYGIENIC MEDICAL TREATMENT OF CHILDREN. By Thomas Morgan Rotch, M.D., Professor of the Diseases of Children, Harvard University. Illustrated. Philadelphia: J. B. Lippincott Co. 1895; pp. 1124; royal octavo.

This book begins with a consideration of the infant at birth, and follows it through its various stages of development up to puberty.

The author says: "As I believe that the medical treatment of the various abnormal conditions arising in infants is in the future to be largely dietetic rather than by means of drugs, I have given unusual prominence to the part of the work which is devoted to feeding."

The text is in the form of lectures, thoroughly original, and fully illustrated at every point.

This book marks a great advance in the teaching of this important specialty, brings everything down to the last minute, and no student or practitioner who has anything to do with the care of children can afford to be without a copy.

The physical part of the book is what might be expected from the publishers, and shows that no expense has been spared to present the text in the best possible light.

THE PATHOLOGY AND SURGICAL TREATMENT OF TUMORS. By N. Senn, M.D., Ph.D., LL.D., Professor of Practice of Surgery and Clinical Surgery, Rush Medical College; Professor of Surgery, Chicago Polyclinic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, Chicago. Illustrated by 515 engravings, including full page colored plates. Philadelphia: W. B. Saunders, 1895; pp. 709; octavo. Subscription only. Cloth, $6.

This work is the result of many years of arduous labor in collecting material for an exhaustive treatise upon subjects looked upon by the profession as "dry," and the author has taken great pains to present his material in a readable and interesting manner. As a text-book for students, a work of reference to the busy practitioner, and a reliable guide to the surgeon, there can be no doubt. The author's fame as a surgeon is a guarantee of all this.

The classification adopted is in accord with a carefully formulated theory of their origin, and the microbic origin of tumors is briefly disposed of as unestablished. The subjects are considered from the standpoint of comparative study in the interest of diagnosis. The text is profusely illustrated, in order to keep before the reader's eye the microscopal picture of the lesion. The more difficult operations are fully described and illustrated. There can be no doubt that this work will be standard for many years.

The physical part of the work is in the publisher's best style.

AN AMERICAN TEXT BOOK OF OBSTETRICS, FOR PRACTITIONERS AND STUDENTS. By James C. Cameron, M. D., Edward P. Davis, M. D., Robert L. Dickinson, M. D., Chas. W. Earle, M. D., Jas. H. Etheridge, M. D., Henry J. Garrigues, M. D., Barton C. Hirst, M. D., Chas. Jewett, M. D., Howard A. Kelly, M. D., Richard C. Norris, M. D., Chauncey D. Palmer, M. D., Theophilus Parvin, M. D., George A. Piersol, M. D., Edward Reynolds, M. D., Henry Schwartz, M. D., Richard C. Norris, M. D., Editor Robert L. Dickinson, M. D., Art Editor. With nearly 900 colored and half-tone illustrations. Philadelphia: W. B. Saunders; pp. 1009; large octavo. For sale by subscription only. Price, cloth, $7; sheep, $8; half Russia, $9.

At first glance we are overwhelmed by the magnitude of this work in several respects, viz.: First, by the size of the volume, then by the array of eminent teachers in this department who have taken part in its production, then by the profuseness and character of the illustrations, and last, but not least, the conciseness and clearness with which the text is rendered. This is an entirely new composition, embodying the highest knowledge of the art as it stands to day, by authors who occupy the front rank in their specialty, and there are many of them. We cannot turn over these pages without being struck by the superb illustrations which adorn so many of them. We are confident that this most practical down-to-date work will find instant appreciation, by practitioners as well as students. The publisher has spared no expense in his part of the undertaking, and deserves the congratulations of the profession for the high stand he is taking in the physical portion of book making.

VENEREAL DISEASES. Their Pathology and Treatment. By Robert W. Taylor, M. D., Clinical Professor of Venereal Diseases at the College of Physicians and Surgeons (Columbia College) and Consulting Surgeon to city (charity) hospitals, N. Y. With two hundred and thirty illustrations and seven colored plates. Philadelphia: Lea Bros. & Co., 1895; pp. 1002; octavo.

This volume gives evidence of a master mind in its extensive, careful and critical investigation and research, giving a modern presentation of venereal diseases as understood by genito-urinary surgeons of to-day. The "prognosis" has received unusual care, and is honestly given throughout the book.

Some chapters deserve special consideration; *i. e.*, the introductory gives the history and present status of

venereal diseases. The gonococcus and other bacteria found in health and disease within the genital organs as related to this class of disease is masterly and complete, as are the chapters devoted to acute and chronic anterior and posterior urethritis. Strictures of the urethra are considered and treated in a scientific manner, not biased by dogmas or theories. Gonorrhœa of the female is complete. Diseases of the seminal vesicles are well described as to history and diagnosis. Chancroidal ulceration has received especial attention, while in the closing chapters, syphilis is treated of in the classical manner expected by the author's well-known knowledge of the subject.

TWENTIETH CENTURY PRACTICE. An International Encyclopædia of Medical Science. By leading authorities of Europe and America. Edited by Thomas L. Stedman, M.D., New York City. In twenty volumes. Vol. IV.: Diseases of the Vascular System and Thyroid Gland. New York: William Wood & Co., 1895.

The fourth volume of the "Twentieth Century Practice of Medicine" is devoted to diseases of the vascular system and thyroid gland. The volume opens with an article upon diseases of the heart and pericardium, by Dr. James T. Whitlake, of Cincinnati. This subject is so important in all its bearings, and is discussed with such minuteness that it occupies 450 pages, or more than half the entire volume. Of this space, sixty pages are devoted to diseases of the pericardium. One of the most important sections is that of neurosis of the heart, which is more and more claiming the attention of the accurate diagnostician. The second paper is on diseases of the blood vessels, by Dr. A. Ernst Sanson, of London, and covers nearly 200 pages. The third article is from the pen of Dr. Bertrand Lawson, of London, on diseases of the lymphatic vessels, to which about fifty pages are devoted. The fourth article, on diseases of the thyroid gland, including myxœdema, cretinism, exophthalmic goitre and goitre, as well as inflammation and neoplasm, will be of special interest from the fact that Dr. George Murray, of Newcastle-on-Tyne, the author, introduced the thyroid gland treatment, which robs myxœdema and cretinism of their terrors. These diseases, which before were considered almost incurable, now yield to treatment of the new method, which is fully explained in this article, which includes verbal and pictoral illustrations. The fourth volume is one of the best of the series.

CUTANEOUS MEDICINE. A Systematic Treatise on the Diseases of the Skin. By Louis A. Duhring, M.D., Professor of Diseases of the Skin in the University of Pennsylvania; author of "A Practical Treatise on Diseases of the Skin," and "Atlas of Skin Diseases." Part I: Anatomy of the Skin—Physiology of the Skin—General Symptomatology—General Etiology—General Pathology—General Diagnosis—General Treatment—General Prognosis. Illustrated. Philadelphia: J. B. Lippincott Co., 1895; pp. 221 octavo.

The author's well-known standing in his specialty is a guarantee of the quality of work to be expected, and as it is based upon thirty years' experience, must be eminently practical.

We are pleased to note in the preface that "the view is taken by the author that the skin and subcutaneous tissue composing the integument should be regarded as a part of the body rather than as an independent organ"—a conclusion to which all dermatologists should have come long ago. There is no doubt much harm has come to the general economy by treating some skin lesions as merely local, by astringent measures, and it is to such men as Dr. Duhring that we ought to look for a clearing up of this subject.

He says: "It may be stated that with the advances in therapeutics that are being made from time to time, some diseases that formerly were regarded as hopeless are now curable."

Our experience is that many skin affections are promptly cured by internal medication, without external means at all, and much more safely.

We have demonstrated this fact clinically to students frequently, greatly to their surprise and delight. The dermatologists are rapidly approaching this goal.

The chapter on "General Treatment" is worthy of careful study, and will be found most useful. On the whole, the work is practical and instructive, and should have place on our shelves.

CORRESPONDENCE.

MESSRS. EDITORS:

I find an error which disturbs the meaning and force of a sentence in my article on "Viper Poisons." "When man learns the therapy of the reptile world," the printer has made it "When *a* man learns," etc. The addition may seem of no consequence to a printer, but it is to *me*.

Respectfully yours, JOSEPH SEBASTIAN.

NAGELI'S MECHANICAL TREATMENT OF CEPHALIC NEURALGIA AND OTHER NERVOUS TROUBLES.

(*Translated by A. C. W.*)

A Swiss confrere, Dr. O. Nageli, of Ermatingen, in the treatment of cephalalgias and certain localized phenomena, whether in the head or stomach, uses with success certain mechanical processes, in which the action must be nearly analogous to that of suspension, but which offer the advantage of simplicity and extreme facility of application. These processes consist chiefly of four distinct manœuvres, which are: Elongation, extension, and flexion of the neck, together with the elevation of the hyoid bone.

To execute the first of these manœuvres, the physician places himself behind the patient, whose head he takes hold of with both hands, pulling it strongly upward. Thus a manifest, and sometimes very considerable, lengthening of the neck will be obtained. This manœuvre would have the effect of stopping the different states of cephalic congestions better than applications of ice, bloodletting, purgatives and revulsives would do. Under its influence the congestion of the face would at once diminish, and the cephalalgia would be less intense.

The drawing back of the head with forced extension would act in the same direction as the lengthening of the neck, but with more power. This position would be indicated to combat the facial neuralgias and congestive migraines, but it would sometimes cause vertigo and lipothymia.

In the manœuvre of the forced flexion of the neck, the doctor, standing exactly behind his patient, takes hold of his head with both hands, and bends it firmly downward and forward, his arms resting upon the shoulders of his patient. The forced flexion would have the effect of augmenting the flow of arterial blood to the head, without at all interfering with the venous circulation. It is resorted to in the states of cerebral anæmia and the troubles that depend upon it, especially in some chronic cephalal-ias.

The elevation of the hyoid bone consists in taking hold of that bone delicately between the thumbs and the index-fingers, and pulling it upward. Thus a displacement of the bone, from five to twelve millimetres, will be obtained. M. Nageli holds that by means of this manœuvre, nausea and vomiting, of whatsoever origin, can be stopped, even when provoked by emetics.

The elevation of the hyoid would act upon the pneumogastric nerve, through the inferior laryngeal, which it elongates, and would be an excellent way of combatting hysterical vomitings, the uncontrollable vomiting of pregnancy, also some forms of aphonia. It would be equally useful in the paroxysms of whooping-cough.

Let us note in conclusion that a Bavarian physician, Dr. O. Amman, of Munich, has been able to convince himself of the real therapeutical value of the mechanical processes of Dr. Nageli. He has obtained good results, especially in the case of a woman who had for five and twenty years suffered from violent cephalalgias of anæmic origin, and who was rapidly cured by the forced flexion of the head practiced systematically.

SOCIETY REPORTS.

FRENCH MEDICAL SOCIETIES.

Microbic Statistics of Acute Osteomyelitis.—M. Lannelongue designated the microbes that are associated with this disease, and insisted upon the following point, viz., that it is perfectly possible to diagnose the different forms of osteomyelitis from an etiological point of view. The osteomyelitis of the streptococcus bears no resemblance to that of the pneumococcus nor the bacillus of Eberth. Age, moreover, presents positive indications upon this subject, and we know that osteomyelitis of typhic origin occurs at a different period from the infection of the bones by the pneumococcus.

Partial Retractions of the Rectum.—M. Tillaux maintained that he was the first to describe this affection. It originates from anal fistulæ of a peculiar nature, but is readily cured if the cause be overcome. M. Tillaux published his experiences in his treatise on topographical anatomy. He reported two very conclusive cases, one of a very old state, the other more recent. It is probable that these retractions were related to a congenital predisposition, and were dne to the mode of formation of the rectum and the anus. There still continued a part of the original condition, but which would ultimately be completely absorbed. Fistulæ which are the consequence of retractions are generally multiple, deep, and located posteriorly, because the retraction is always posterior. Upon performing an internal rectotomy, they disappear magically, and one is astonished at the rapidity of the cure when this process is adopted.

Retraction of the Œsophagus, and Certain Tumors of the Rectum.—M. Le Pe Demous, of Bordeaux: When there is an impermeable retraction or contraction of the œsophagus, if gastrotomy be performed, it will be observed after a certain time, and in consequence of a period of rest to the organ affected, that an obstacle can be removed which was previously supposed to be insurmountable.

In such cases, a retrograde œsophagotomy may be practised without risk to the patient, and when effected, the gastric opening may be closed. In two cases M. Demous has successfully performed this operation, subsequently freeing and entering the stomach. He conceived the idea of applying the same method to rectal surgery, and so produced an artificial anus before practising the extirpation of the rectum, with the effect of greatly diminishing the mortality from such conditions. This process is complex, but it is sure; true, many successive operations tend to demoralize the patient, but it is better to temporize and take several months to be cured, than a single day to die!

The Antiseptic Value of the Oxycyanuret of Mercury, Tested by Experimental and Clinical Experience.—MM. Monod and Macaigne presented the following propositions: The oxycyanuret of mercury, in solution of 5 to 1000, shows by experiments in the laboratory an antiseptic value always very great, and often greater than the sublimate in solution of 1 to 1000, without causing any more inconveniences than the sublimate. It offers the advantage of not affecting either the hands nor the instruments of the surgeon; may it not therefore be substituted for the sublimate in practical surgery? At first their conclusions were derived from the hospital and civil practice during more than four years, subsequently by a series of experiments analogous to those of MM. Tarnier and Vignot, by which they demonstrated that the oxycyanuret of mercury in a solution of 5 to 1000, can as well, if not better than the normal sublimate solution of 1 to 1000, prevent the development of a culture, destroy a culture already developed, and sterilize an infected substance. They took care, in order to give more force to their demonstration, to make their trials, not upon the pure cultures of streptococcus and staphylococcus deprived of spores, and consequently possessing a feeble resistance, but upon the dust of hospital wards that contained various microbes, for example, the pyocyanic bacillus, streptococci, bacterium coli, and especially a bacillus that resembled the "bacteride charbonneuse," that was provided with spores, and resisted a temperature of 100°.

No accident of any poisonous character has ever followed the use of the above solution. Without desiring to proscribe the use of phenic acid or sublimate, M. Monod recommends the solution of the oxycyanuret of mercury at 5 to 1,000 to surgeons, who, like himself, have suffered from the employment of the antiseptics in ordinary use. The fact that this solution does not affect steel instruments is an important consideration, as it allows of the use of only one during the course of an operation, a great simplification. MM. Monod and Mascaigne recalled the fact that M. Chibret, of Clermont Ferrand, was the first to call attention to the antiseptic value of the oxycyanuret of mercury.

Pulmonary Surgery.—M. Reclus, who was appointed to report upon this question, resumed the history of pulmonary surgical intervention. He considered the different cases in which the surgeon may interfere. In traumatic hemorrhages the ligature has been tried as a last resource, but generally without success. In cases of circumscribed tuberculosis, pneumectomy was practiced successfully by Tuffier in 1891, and by Lawson in 1893. Nevertheless, the operation is not advisable, because the most skillful auscultator could not positively affirm that the lesion was circumscribed, and in such cases, the most frequent, and in which there is diffusion, it would be useless for the patient to run the risk of such an operation. In cancer, surgical interference should be abandoned. There remain pulmonary cavities, tubercular caverns, bronchial dilatations, hydatid cysts of the lungs and abscess. In cases of tuberculous caverns and bronchial dilatation, one may operate only exceptionally. The results are not satisfactory; death is most frequently caused by hemorrhage and pneumothorax. M. Reclus approves of intervention when there are hydatid cysts, the same in pulmonary gangrene. If the results are less brilliant, it is because the disease is of a grave character. Pulmonary abscess may be treated by pneumotomy; in such cases pulmonary surgical intervention is more generally approved. M. Reclus advises the large flap with costal resection, such as is practiced by Delorme.

If there are no adhesions between the two pleuræ, he advises that they be returned and wait four or five days for their formation, in order to protect against pneumothorax. He also advises the incisions by thermocautery, avoidance of the use of the bistoury, except among the hardened tissues, and if the purulent collection should not be found, wait the expiration of a short time for the irruption of the pus at the least resisting point.

M. Pease described such cases of pulmonary affections as admitted of surgical intervention. He removed by the galvano-cautery an enchondroma of the lung, after suturing the two pleuræ.

M. Bazy coincided with the views of M. Reclus, and presented a case which demonstrated the importance of explorative incisions of the pleura in pulmonary lesions. He was called to operate upon a patient who was supposed to have a cavern at the base of the right lung. Diagnosis of a hydatid cyst of the liver had been discussed. Resection of the ninth and tenth ribs was made; the healthy appearance of the pleura disconcerted the surgeon; exploration by the finger discovered adhesions to the fourth rib. Resection of the third and fourth ribs permitted incision by the thermocautery of the sclerosed pulmonary structure. The cavern that was penetrated was eleven centimetres in depth; it was curetted and cleansed. Despite repeated epileptic attacks, to which the patient had been subject, the surgical cure proceeded successfully, but, unfortunately, the patient died five months after, in one of his attacks.

M. G. Marchant believed that intervention in cases of pyo-pneumothorax was within the limits of pulmonary surgery, and cited two cases in which he had so intervened. In the first, two fistulæ caused the cavity and the lung to communicate; he sutured one, but was not able to suture the other, because of the pliability of the tissues. The cure was complete, and he concluded the resources of surgery were not to be rejected in grave cases of pyo-pneumothorax.

M. Delorme recalled the fact that in a memoir, dated 1893, and approved by the Academy of Medicine in 1895, he had advised the surgical treatment of pneumothorax. M. Guermonprez had also practised the same operation. M. Tuffier presented a patient in whom he had resected the apex of a tuberculous lung four years previously. In making the pneumectomy, and in order to avoid pneumothorax, he insisted upon the advantages of the separation of the parietal pleura. The resection was effected after ligature with the catgut, and ten days afterwards he presented his patient to the Surgical Society. He thought that M. Reclus was a little too absolute in proscribing intervention in tuberculosis. In some very rare cases, it is true, pneumectomy may afford a complete cure, as demonstrated by the perfect health of his patient four years after the operation.

M. Michaux operated in a case of a wound of the lung by a ball from a revolver. The hemorrhage being very profuse, he resected the seventh and eighth ribs, cleansed the wound of clots, and as on account of its position he could not use the ligature, contented himself with putting iodoform gauze in its course, and for draining. The cure was complete at the end of two months.

M. H. Delageniere: I have already taken occasion to insist upon the relations uniting pleural with pulmonary surgery. This fact is incontestible when we consider septic affections. The large majority of operations practised upon the lungs is associated with septic affections, so much so that inoculation of the pleura may be regarded as fatal. Hence it is necessary at the same time that an operation is performed upon the lung, to drain and disinfect the pleura—a double duty when resection is made of the sixth, seventh, eighth and ninth ribs, and in draining the costo-diaphragmatic *cul-de-sac*. An opening of the pleura at the eighth rib will allow of the exploration of the pleura, of the inferior lobes and the interlobar fissures. The locality of the lesion may be facilitated by resection of the parietal pleura freed from its ribs, as I have recently had occasion to do, in order to decorticate a pulmonary lesion from its visceral pleura. These general principles I have been able to put in practice in three cases of pulmonary surgery of the inferior lobes, and the patients were rapidly cured, without fistula. They were equally applicable in a case of extensive gangrene of the lower lobe, of a voluminous and suppurating hydatid cyst, and lastly, of a pulmonary abscess. As respects the superior lobe and its affections, as well as the apex, the pleural indications remain the same, but the lesion should be treated apart, by a second operation made at the same sicting, or, in certain cases, subsequently. I have had only one occasion to operate under these circumstances. It was with a pyopneumothorax, with a tuberculous cavern at the apex of the lung. In the first operation, I made a resection of the sixth, seventh and eighth ribs, with drainage of the costo-diaphragmatic sinus; afterwards I isolated by suture the pulmonary cavern from the pleural cavity, reserving the direct treatment of the cavern for a second operation. Unhappily, the patient, being very much benefited by the first operation, refused to permit its repetition. He finally succumbed, several months afterwards, from the progress of the tuberculosis.

M. le Pr. Jonnesco, of Bucharest, reported a case of pulmonary hydatid cyst cured by pneumotomy. A child of twelve years; disease began with violent pain at the upper angle of left capsula, followed by two hemoptyses. Was entered at the "Hopital des Enfant." Exploratory puncture made, and a clear, limpid liquid, containing hydatid flakes, evacuated. Left side of thorax greatly enlarged, absolute matitis posteriorly, with absence of respiratory murmur. Below seventh rib, signs of a cavity, tympanic sonorousness; amphorric souffle, cavernous, metallic; great displacement of heart to right; pulsation of apex in third intercostal space; dyspnœa; temperature 39.6. Operation: March 11th, incision in seventh intercostal space; subperiosteal resection; incision of pleura; escape of a quantity of purulent liquid; incision of lung by thermo-cautery; penetration into cavity of cyst; evacuation of pus with fragments of thin, friable membrane; cleansing of the pocket with tampons of lint dipped in a solution of sublimate 1-1,000; wound of the soft parts diminished by three suture points; washing of the cavity of the cyst with warm water that had been boiled; drainage with iodoform gauze; dry dressing. During the operation the patient threw off a vomica of sixty grammes of purulent liquid, which contained no hydatid fragments. These membranes are formed in the conjunctive tissue. Patient began to recover at once, cystic cavity dimished rapidly, large quantity of membrane eliminated, heart restored to its normal position. Thoracic wound and fistula healed. Patient left hospital April 27th. This case, by the simple results of the operation, the rapidity of cure, and the complete re-establishment of the pulmonary functions, demonstrates the harmlessness and efficacy of vigorous and effective intervention in hydatid cysts of the lungs. Pneumotomy must then continue the treatment of choice on this disease.

BIOLOGICAL SOCIETY.

M. Grimberg suggested the presence of the bacillus coli in the mouth of a healthy man. It was clearly determined by the reaction of indol and additional cultures of phenic acid, and was especially observed upon the tonsils; the staphyloccus aureus was next in order of frequency.

M. Moncorro, of Rio Janeiro, addressed a communication upon the microbe of aphthous fever, which he investigated upon the animals of Brazil.

M. Féré reported the remarkable tolerance of belladonna; he ascribed to the nervous system a preponderating influence upon this toleration. In effect, in consequence of an acute nervous attack, the tolerance ceased, to give place to an active intoxication, and did not reappear after the cessation of the phenomena of poisoning.

Pulmonary Lesions Consecutive Upon Thyroidectomy.—These have been the subject of investigation of M. Rousseau, of Nantes, and are described by him as depending upon the operation. He observed the extreme frequency of these lesions in one hundred rabbits, taken haphazard, and examined from a bistological point of view.

M. Chauveau: In experimenting it is necessary to be prepared for these contingent lesions, especially in the verminous affections which he has seen in great abundance, in Algerian sheep particularly.

M. Kauffmann continues to practice ablation and elimination of the liver by ligature, in order to discover what becomes of the glycemia in these conditions. He always observed a diminution of sugar in the blood. It should be added that the total ablation of the liver in the dog, must be accompanied by that of the stomach and intestine, as it is necessary to suppress the portal system. From these experiments hyperglycemia appears to be connected with the hepatic function.

M. Dareste proved that gelatine may be in part digested by saline solutions of chlorine, iodine and fluorine. It is partially liquified, or transformed into gelatose, as though by the action of certain microbes.

ACADEMY OF MEDICINE.

Serotherapy Preventive of Tetanus.—M. Nocard declared the extraordinary immunizing properties afforded by the anti-tetanic serum. Though two drops of tetanic toxine would kill a horse, other immunized horses could receive a dose of 300 c. c., 2,500 times stronger, by injection into the jugular. The practical result of preventive injections made in 357 cases of veterinary operations—amputation of the tail is often followed by tetanus—were excellent; none of the animals died. The same veterinary surgeons, during the same period, observed fifty-five cases of tetanus in non-immunized animals. These facts show the interest these preventive inoculations would have in human surgery, in contused wounds, infantile tetanus and poisoned wounds. Surgeons who have adopted this practice have obtained satisfactory results.

M. Leon Colin replied that preventive injections are employed in military surgery. A remarkable report of M. Vaillard has determined their special indications. The principal difficulty is the frequency of tetanus in tropical regions, following wounds so insignificant that infection was not thought of. M. Berger added that these injections were employed at Dahomey. One of the injected cases died of tetanus, but the general mortality by this affection was remarkably diminished.

M. Péan presented a patient who had been operated upon for an enormous rhinoscleroma. Thanks to subsequent prothesis, the result was extremely remarkable. The following are the principal conclusions of M. Péan: This case shows the extent that can be reached by rhinoscleroma when left to itself. It proves that we should never despair of a cure; that if all medical means fail, the disease can be stopped by surgical intervention. The ablation should be effected as for all other malignant affections that are developed in these regions. In operating for tumors of this kind, it should not be forgotten that they are extremely vascular and bloody. It is not sufficient to timidly remove the diseased tissues, but to operate as if we were dealing with a malignant cancer. If a suspected point shows itself in the region of operation, it should be destroyed by a powerful caustic. If the nose and the nasal fossæ are invaded by the rhinoscleroma, these organs must be removed in their totality. Immediate rhinoplasty is not to be preferred; better to leave the nasal cavity wide open, so as to permit the eye to explore all the aufractuosities of the region during the time that may be necessary, even if it be very long, in order to detect and attack directly suspected points. It may easily be understood that it is much easier to proceed in this way than it would be to close up the vacuity by a flap, which would present a territory most favorable for generating the micro-organisms of rhinoscleroma.

Actino-Mycosis.—M. Poncet, of Lyons, has observed two new cases of this disease, making thirteen in all, one of them very grave, rebellious to all treatment, medical and surgical, and will doubtless terminate fatally.

Treatment of Simple Chronic Glaucoma.—If iridectomy is compulsory in acute glaucoma, M. Abadie believes that, in the simple chronic form, collyria of eserine, pilocarpine and the bromide of potash, associated with the sulphate of quinine, will restore the normal tension. But it is necessary to repeat the treatment from time to time, when the tension increases anew.

MEDICAL SOCIETY OF THE HOSPITALS.

MM. Marie and Bernard communicated the fact of two persons having contracted syphilis from the same woman, after the interval of a few hours. The chancre which supervened some weeks later was benign, but identical nervous troubles manifested themselves later on in the two. It would seem, then, that certain forms of syphilis are more apt than others to produce nervous accidents.

M. Merklen: A case of laryngeal ictus, beginning with a pricking in the larynx, accompanied with a retrosternal oppression, and causing a hacking cough, with a sensation of strangling, cyanosis, sweating of the face, sometimes epistaxis and cerebral confusion, obscure vision, and falling down, with or without consciousness, marking the end of the attack. In this case the syncope must be due to cerebral anæmia, but it is reasonable to suppose that an inhibitory interference with the bulbar centers was facilitated by the anæmia of the bulb.

M. Rendu asked if the patient was cyanosed or pale at the time of the attack. It might be considered that there was asphyxia rather than syncope.

M. Ferrand was also surprised at the part M. Merklen made the syncope play; it seemed to be exaggerated. In such cases M. Catrin has seen the cyanosis precede the pallor.

M. Hayem reported a case of calculus that was evacuated by the stomach. M. Catrin, in the name of M. Mattignon, attached to the French Legation at Pekin, read a memoir containing three rare observations of exanthematic typhus. The first with gangrene of the skin of the leg, the second with general osteomyelitis, the third with atrophy of the hand.

A new salt of antipyrin, the mandelate, has been discovered, which is said to have all the properties of antipyrin without being poisonous.

At a Portland (Ore.) Hospital a quarrel between the hospital staff and board of managers, resulted in the resignation of the entire medical staff, and the appointment of a Homœopathic staff in their place.

TRANSLATIONS, GLEANINGS, Etc.

RETROSPECTIVE THERAPEUTICS.

By Alfred K. Hills, M.D., Fellow of the Academy of Medicine, New York.

The Electro-Magnet in Eye Surgery.—Dr. S. Mitchell, referring in the *Medical Record* to the report of another surgeon regarding the removal of fragments of steel from the eye by forceps, says: "I should not feel that I was prepared to deal with these cases, unless an electro-magnet was a part of my armamentarium, and by its use perhaps save performing an iridectomy, as well as removing the offender with greater ease. In those cases where there are strong probabilities that a piece of steel or iron is lodged in the vitreous chamber, a search with the electro-magnet is often rewarded by the removal of the particle and the saving of the globe. And although there may remain no useful vision, it is much better than an artificial eye, and the prospects that it will become a dangerous companion are very slight. I am now using the Edison incandescent light circuit in my office, and by means of a converter I am able to use it for all kinds of galvano-caustic work. To this converter I attach my electro-magnet, and find that it has a much stronger attractive force than with any storage battery that I have ever used. The electro-magnet is the most useful of all instruments, where particles of steel or iron are to be removed from the interior of the globe."

A New Method of Artificial Respiration.—Dr. Berthold Beer (*Wien Med. Blaeter*) proposes a new method of inducing respiration. The mucous membrane of the lips and of the mouth is rubbed slowly with a piece of ice, the rhythm of the motion corresponding as much as possible to that of normal respiration. In the cases observed by Dr. Beer the result was a return of respiration, very strong at first, but, with the continued application of the ice, becoming very regular, quiet and deep. The ice used in this way is said to have, moreover, a general sedative effect, and the author has employed this quieting action with success in the treatment of cerebral troubles. Dr. Foges, of Vienna, has obtained equally favorable results with this treatment in two cases of asphyxia.

Oxygen in the Treatment of Ulcers.—Dr. Charles A. L. Reed writes in the *Lancet-Clinic* regarding an incident of the meeting of the British Medical Association: "One of the most interesting demonstrations of the meeting was that by Dr. Stoker, of Dublin. It consisted in the application of oxygen gas to the treatment of chronic ulcers. The treatment consists in the incarceration of the affected part in a chamber charged with oxygen during several hours of each day. I recall one illustrative case of a large annular ulcer of the leg, which has defied all sorts of treatment in the London hospitals for years, and which was completely cured by this treatment in two months. One interesting test case was that of a woman with a very large ulcer on each leg, each practically like the other. The one was being subjected to the modern bichloride treatment, the other to the oxygen treatment, The former was free from all germ life, none being demonstrated by culture processes, while the latter abounded in practically all of the pathogenic varieties, yet the latter ulcer was healing with twice the rapidity of the former. This fact would indicate that oxygen is not a germicide, and that the presence of pathogenic germs in an ulcer is not inimical to the process of repair. The paper, when published, will attract widespread attention."

Frigo-Therapy.—Some years ago Prof. Raoul Pictet, of Geneva, Switzerland, invented a refrigerator for the purpose of fluidizing gases by means of atmospheric pressure, combined with a rapidly cooling process. He afterwards experimented in a Berlin laboratory with dogs and other animals, in order to determine the effects of extreme cold on living organisms. It was observed that a dog at a temperature of 92°C. breathed

more rapidly and showed signs of great hunger, voraciously devouring pieces of bread which a few minutes before he had refused to eat. On February 23, 1894, Prof. Pictet placed himself up to the shoulders in the refrigerator, warmly dressed and wrapped in a fur cloak, so as to prevent his skin being blistered by contact with the metallic sides of the apparatus. He found that at a temperature of 50°C. the fur cloak sufficed to check any perceptible radiation of the natural warmth of the body, but proved to be of no avail at a temperature below 70°C. At a temperature of 105°C. Prof. Pictet experienced, after the expiration of four minutes, an indescribable sensation of tickling in the legs and thighs, and even in the interior organs, accompanied by gnawing hunger; his pulse rose from 63 to 67 beats in a minute, and his respiration from 15½ to 19. After remaining 8½ minutes at this temperature, he emerged from the refrigerator with a prickling sensation in his whole body, and a ravenous appetite that began to be positively painful. After walking two or three minutes on his way home, a reaction set in like that which follows a cold bath, but far more intense. As the circulation returned to its normal condition, his whole body seemed to be full of little needles, and this feeling continued for at least a quarter of an hour. He then ate a hearty dinner and digested it. Since that time the dyspepsia which had made his life a burden for six or eight years has not given him the slightest trouble. This result was all the more gratifying because it was wholly unexpected, for it was with considerable reluctance that Prof. Pictet had entered the refrigerator, simply because he regarded himself as a confirmed dyspeptic. He calls the new method of healing "Frigo-Therapy," and believes it to be an equally effective cure for gout, rheumatism, and similar disorders due to the functional inactivity of any organ, arising from lack of vital energy. A building is now being erected in Usedomstrasse, Berlin, under the direction of Prof. Zuntz, as a "Kaelteklinik," in which diseases will be treated on the frigo-therapeutic principle.

Ipecac in the Insomnia of Alcoholism.—Some years ago ipecac was greatly advocated as a hypnotic in insomnia due to alcoholism. Recently Dr. Waugh has observed that twenty minims of the fluid extract of ipecac caused sleep in a patient when large doses of sulphonal had failed.

Treatment of Soft Corns.—Philip Mial says in the *British Medical Journal* that a concentrated solution of tannin, made by dissolving an ounce of freshly made tannin in six drachms of water with the aid of gentle heat, gives immediate relief to soft corns, if applied once or twice a day between the toes after washing. Tannin in powder is not quite so effectual.

Zinc Oxide for Diarrhœa.—Dr. Wood mentions the fact that he has cured cases of chronic diarrhœa upon which all the drugs known to be useful in this trouble had been tried, by the administration of zinc oxide in grain doses. One week, he adds, in the *Medical World*, often completes a cure of lifelong cases.

Acetic Acid Fumes for Phthisis.—Dr. E. J. Mortimer, in a communication to the *Medical World*, expresses the belief that inhalation of the vapor of acetic acid, or preferably fruit vinegar, is a valuable agent in the treatment of phthisis. The acid is placed in a suitable vessel and warmed until the vapor rises freely, the inhalation of which is regulated in quantity and frequency according to circumstances. "The first case tried," writes the author, "was one of chronic bronchitis in connection with tuberculosis of a severe type, and was fully under control in eighteen days, the cough having ceased, and the patient, who had been reduced in flesh, nearly restored to normal weight. The treatment was continued for thirty-five days and the patient completely cured. Two years have passed since treatment and no return of the disease whatever. The second case was acute bronchitis, and was completely cured in seven days. The third case was a severe case of consumption, and the patient given up by two physicians who had visited her. The treatment was continued for ninety days, and then neglected for two or three months, while in the meantime the patient gained about fourteen pounds and finally married, and at this time is doing well. The fourth case was incipient consumption, and was cured in thirty days, and the patient, a lady, was married. I have a case on hand similar to the first spoken of, and it is easily controlled, so that you can see that the remedy is as first stated. For sore throats and common colds it is all that is required, and no one need be afraid to use it."

State Examinations.—The following is a copy of a notice just issued by the Examination Department of the University of the State of New York to all medical schools in the United States and Canada:

Will you kindly call the attention of students to the following amended New York Statute relative to degrees in medicine, which took effect May 13, 1895.

"The degree of bachelor or doctor of medicine shall not be conferred in this State before the candidate has filed with the institution conferring it the certificate of the Regents that three years before the date of the degree he has either graduated from a registered college, or satisfactorily completed a full course in a registered academy or high school, or had a preliminary education considered and accepted by the Regents as fully equivalent, or had passed Regents' examinations representing, for degrees conferred in 1898, one year of academic work; for degrees conferred in 1899, two years of academic work, and for degrees conferred in 1900, a full high-school course."

This law prohibits us from admitting to the New York licensing examination any applicant on any lower requirement than that exacted from M.D. degrees, and for admission to the licensing examination in the case of graduates of New York schools. Hereafter, no applicant not matriculated in a registered medical school before May 1, 1895, will be eligible for a card of admission to the New York licensing examination, unless he met the standard in point of preliminary education three years before the date of his medical degree. According to an opinion of the Attorney-General, the Regents should not discriminate against New York medical schools and New York medical students by registering any medical school out of the State whose minimum graduation standard is less than that fixed by statute for New York medical schools.

Examinations for license to practice medicine in this State will be held as follows:

Dates.—1896: January 28th–31st, April 7th–10th, May 19th–22d, June 16th–19th.

Places.—New York, Albany, Syracuse, Buffalo. Each candidate is notified as to exact place.

Daily Programme.—Tuesday, morning, 9:15–12:15, anatomy; afternoon, 1:15–4:15, physiology and hygiene. Wednesday, morning, 9:15–12:15, chemistry; afternoon, 1:1–4:15, surgery. Thursday, morning, 1:35–12:15, obstetrics; afternoon, 1:15–4:15, pathology and diagnosis. Friday, morning, 1,15–12:15, therapeutics.

Any information on this subject may be obtained at the office, 10 E. Forty-second street, New York.

The General Therapeutic Effect of the Alternative Electric Current of High Frequency and of High Tension.—(Dr. G. Apostoli, of Paris, British Medical Association meeting in London, 1895).

Dr. Apostoli, together with Dr. Berlioz, on the 18th of March, 1895, presented a paper on the above mentioned subject to the Academy of Sciences, of Paris. He now, after longer and riper experience, desires to present a summary statement of his general conclusions:

1. According to Professor d'Arsonval's discoveries, alternative currents of high frequency and of high tension, exert a powerful action upon all living bodies submitted to their inductive influence.

2. The best method of applying these induced currents is to place the patient, free from all contact with electrodes, in the circuit of a large solenoid traversed by these currents.

The patient being thus completely insulated, the currents, which circulate in his body by *auto-conduction*, have their origin in his tissues. The body plays the role of a closed induced circuit.

3. By this method the physiological discoveries of Pro-

fessor d'Arsonval are confirmed, and we are able to prove the powerful influence of these currents upon the *vaso-motor* system—although they produce absolutely no sensation, and although they have no apparent effect upon the motor or sensory nerves.

These currents have nevertheless a powerful action upon all the nutritive functions; as has been verified by Dr. d'Arsonval's numerous analyses of the gaseous products of respiration, and by Dr. Berlioz's not less numerous analyses of the urinary excreta.

4. The general therapeutic applications to be deduced from this physiological action are confirmed by clinical observation.

Dr. Apostoli has now treated more than a *hundred* patients by this method at his clinic and at his private consultation rooms. The greater number of these patients have been greatly benefited by this new treatment, which, be it remarked, has been used to the exclusion of all other forms of medication, dietetic or otherwise.

5. These currents exert in the majority of cases a most powerful and generally beneficial action upon diseases due to *slackening of the nutrition*, by accelerating organic exchanges and combustion. This is proved by analyses of the urine made by Dr. Berlioz, of which the following is a brief résumé:

The quantity becomes more normal; the products of organic waste are better eliminated.

The *increased combustion* is shown by the diminution of *uric acid*, while the percentage of *urea* is generally increased. The relative proportion of these two substances changes under treatment so as to reach in general the figure of 1-40.

The elimination of the mineral products is also changed, but in a manner less marked.

6. When daily séances are given, each lasting fifteen minutes, we may generally observe in patients submitted to the influence of these currents the following modifications in their general condition. We mention them in the order of their occurrence:

Return of sleep.

Increase of strength and vital energy,

Increase of gaiety, of power for work, and ability to walk.

Improvement of appetite, etc.

In short, *general progressive improvement*.

This general improvement often manifests itself after the first séances before any local influence is apparent, and before any change has occurred in the urinary secretions.

7. Local pain and trophic changes are often more slowly affected by these currents, and at times they are refractory for a longer or shorter period.

In such cases the same currents must be applied locally, by contact with the electrodes.

This subject will be treated later on in a separate communication.

8. The diseases which have appeared incurable by this treatment are those not associated with well-defined organic changes, such as *hysteria* and certain forms of *neurasthenia*.

Dr. Apostoli has also observed that certain *localized neuralgias* are refractory to this form of currents; they require its more direct local application.

9. The diseases which have derived most benefit from this therapeutic agent belong to the *arthritic class*: *rheumatism* and *gout*.

10. In certain *diabetic* subjects the sugar has disappeared altogether from the urine under the influence of these currents, while in others there has been no such change, notwithstanding the manifest and constant improvement in the general condition.

Is this difference due to the imperfection of the electric apparatus, or to the manner of its application? It is hoped that further experience will soon afford an answer to this question; although the fact that diabetes has many different causes may in itself explain the difference in the results obtained by this treatment.

11. In conclusion, the currents of high frequency and of high tension, introduced into electro-therapeutics by Dr. d'Arsonval, greatly increase the field of action of medical electricity.

They furnish general medicine with a new and valuable means of treatment, capable of modifying more or less profoundly the processes of nutrition.

Cleaning Rusty Instruments.—Brodie gives the following as an effective method of cleaning rusty instruments (*Jour. Brit. Dent. Assoc.*). Fill a suitable vessel with a saturated solution of chloride of tin in distilled water. Immerse the rusty instruments and let them remain over night. Rub dry with chamois after rinsing in running water, and they will be of a bright silvery whiteness.

Antiseptic Value of Permanganate of Calcium.—Nordas (*Gaz. Med. de Paris*) states that when permanganate of calcium is brought in contact with organic matters it decomposes into oxygen, manganese oxide, and lime. The oxidizing influence of this drug, together with its antiseptic power, is very remarkable. Indeed, experiments have shown that it is more powerful than bichloride of mercury, is entirely free from toxic qualities, and is not caustic. The colon bacillus is most sensitive to its action, ten milligrams being sufficient to render completely sterile a little of the culture of this micro-organism (dilution of 100,000) in thirty seconds. The pyogenes aureus, streptococcus, bacillus of Eberth, anthrax bacillus, and the common bacillus also are quickly destroyed by this drug. In comparative studies it has shown itself, as an antiseptic, to be one hundred times more powerful than permanganate of potassium.

Cystitis Caused by the Use of Large Doses of Alkalies.—Alkalies used in gastric affections may be the cause of cystitis, says M. Mathew (*Rev. Therap.*). In one case he saw on the second day of treatment vesical hematuria produced, the first time from 12 grammes of bicarbonate of sodium and 3 grammes of magnesia given in several doses; and the second time by 4 grammes of magnesia and 6 grammes of prepared chalk. He thinks, therefore, that alkalies should be given with great care to persons having any bladder weakness. In any case, if unfavorable bladder symptoms are observed, alkalies should be suspended at once. The amount should be regulated by the acidity of the urine.

OBITUARY.

MRS. E. G. COOK, M. D., well-known as an author and physician, died at the residence of her daughter, Mrs. H. F. Whitcomb, Milwaukee, October 31st, at the age of seventy-five years. Mrs. Cook was one of the first women in America to study medicine and adopt it as a profession, for which, in intuition, warm sympathy and logical thought, she had a natural fitness. For many years Dr. Cook had a large practice in Buffalo, and later in Chicago and New York, where she is held in loving and grateful remembrance by the many who have been the recipients of her skill and her kindness.

PROF. A. R. THOMAS, M.D., for many years Dean of Hahnemann Medical College, of Philadelphia, died recently, after a lingering illness, at the age of sixty-nine years. In 1856 he was appointed to deliver lectures on artistic anatomy at the Academy of Fine Arts, Philadelphia, which were continued for fifteen years. He also gave a similar course at the Academy of Design During the war he was in charge of a hospital in Washington.

In 1867 he was called to the Chair of Anatomy in Hahnemann Medical College, Philadelphia, of which institution he was made Dean in 1874, both of which positions he occupied at the time of his death.

His book on "Post-Mortem Examinations and Morbid Anatomy," is a well-known authority.

As a lecturer he was singularly attractive, and his kindliness of heart and suavity of manner endeared him to all with whom he came in contact. The Hahnemann College and Hospital in Philadelphia makes a fitting and superb monument to his efforts and fidelity.

MISCELLANY.

—Sir George Johnson, of London, makes the positive statement that there is not the slightest trace of sugar in normal urine.

—By the will of the late Henry D. Polhemus, of Brooklyn, the Long Island College Hospital will receive a dispensary building at a cost of $250,000.

—A Paris physician is said to have prescribed a nightly dose of infusion of fig leaves for a patient whose dreams were peopled by visions of naked women.

—The receipts of the *British Medical Journal* last year were $176,000. The expenses were over $150,000. The total assets over liabilities exceeds $279,000.

—We learn from *Practical Medicine* that a French surgeon has lately removed the entire left lobe of the liver. Complete healing occurred on the ninety-sixth day.

—Dr. Ingraham, of Binghamton, says (*Pract. Med.*) that heat is the king of all remedies as regards results, immediate and permanent, in the treatment of pneumonia.

—Trendelenburg has been offered the Professorship of Surgery at Leipzig, and his chair at Berne, thus rendered vacant, will be filled by Professor Miculicz, of Breslau.

—Recent experiments apparently prove that the suprarenal capsules are nervous ganglia; their total extirpation invariably causes death within two, three or four hours.

—A physician of Edinburgh reports the case of a demented, insane, deaf, dumb and blind man of seventy, whose brain weighed, immediately after removal, 65¼ ounces.

—Dr. Carl Beck, of this city, is reported as saying that almost any surgical operation can be done in the patient's room as well as in a hospital, so complete are our present methods of asepsis.

—The British Royal Commission on Tuberculosis report that they do not regard the tuberculin test for cattle as completely trustworthy, though it is the most valuable yet discovered.

—The Chair of Pathology has been abolished at the University of Michigan. The occupant of this chair was "imported" a few years since. The work will be distributed among other professors.

—It is declared not at all unlikely that cases of glycosuria may follow the inhalation of slight amounts of illuminating gas, when this leaks into a house in amounst not sufficient to attract notice.

—The *Omaha World-Herald* says that the city physician and coroner of Pender, Neb., is a woman, who was elected unanimously last autumn, after she had been but six months practicing in the town.

—*Practical Medicine* asserts that the long use of opium in Oriental countries has brought about such constitutional changes that as soon as a child is born its first natural instinct is for some of this drug,

—A British medical authority reports three cases of tuberculosis following tattooing. Three boys were tattooed by the same woman, who used her saliva as vehicle for the coloring matter, and this woman soon after died from consumption.

—Dr. F. W. Mott, assistant physician to Charing Cross Hospital, has been appointed Pathologist to the London County Asylums. He is to study the pathology of insanity in all its bearings, and is expected to give up his entire time to the duties of his office.

—The will of Edmund A. W. Hunter, late of Philadelphia, provides that after the death of his widow and daughter, his entire property, estimated at $500,000, be used for the establishment of a department of clinical surgery at the University of Pennsylvania.

—Dr. Culley writes to the *Medical Record* that he has a method for the relief of enlarged prostate equal to castration. It consists in the injection of cocaine directly into the testicle twice a week for two months. The prostate, he claims, gradually shrinks to its normal size, and the case fully recovers.

—Headache, giddiness and general nervousness are untoward symptoms in a pregnant woman. When they are overlooked, the case often progresses to profound toxæmia. Dr. E. P. Davis (*Phila. Poly.*) puts such patients on nourishing diet, orders hot baths, and keeps the bowels open.

—An international congress for the study of alcohol was recently held at Basle, Switzerland. Its membership was composed very largely of advocates of total abstinence, and all its conclusions were adverse to the use of alcoholic beverages. The next congress will be held at Brussels.

—Dr. Niven, the medical health officer of Manchester, Eng., has called special attention to the fact that the death rate of the Jews in the slums of that city was as low as in the healthiest cities of England. He attributes this to personal cleanliness, and stringent precautions against bad meat and milk.

—Thomas Nevins, a Brooklyn drygoods merchant, died at the Seney Hospital from an operation for the purpose of removing a human mole. The operation disclosed the presence in his side of a mole child, eight inches in length and perfectly formed. It was solidly imbedded in the tissues. Such cases are uncommon.

—The City Physician of Rochester, Dr. Seitz, while visiting a house on Caswell street, an over-populated street, recently, discovered that a pan of dough had been placed to rise in the bed of a boy ill of diphtheria. A quilt was thrown over the patient and the dough. Ther are four other children in the family.

—A man suffering from smallpox was recently expelled from Arkansas and refused admittance into Mississippi. As he could not well remain in or on the Mississippi River until the disease ran its course, he attempted to evade the quarantine and land on the river bank in the latter State, but was shot and killed by one of the quarantine officers.

—*Practical Medicine* says: "We often hear of a physician selling his practice and good will. Recently a New York dentist succeeded in getting an injunction from the court, forbidding a fellow dentist from practicing in his territory because said dentist had sold his 'good will' to the first party. From this it would seem that there is a commercial value in the good will of a practice."

—Dr. Vincent, of Paris, has made extensive experiments to ascertain the best disinfectants for rendering fecal matters innocuous. He concludes that sulphate of copper, in connection with 1 per cent. of sulphuric acid, is the best of all agents tried. One pound of the copper should be used for every three cubic feet of fecal matter. The mixture should remain in contact with the infectious material for at least twelve hours.

—One of our city physicians, the *Medical Standard* says, has developed a new industry. He acts as a medium between victims of rare diseases and cases requiring special operations, and the clinics. He is said to visit almost every place dispensing charity. The operation and autopsy of the patient in the event of death, are carefully arranged by the go-between, who is said to be a man of considerable diagnostic skill.

—A case of morphine poisoning is reported in the *New Orleans Medical & Surgical Journal* (*Pract. Med.*), in which a girl eleven years of age took six grains of morphine by mistake. Five hours after the drug was taken the permanganate of potassium treatment was instituted, and the patient made an uninterrupted recovery. The writer adds: "Dr. Moor has erected a monument to his memory more lasting than marble."

—St. Luke's Hospital is to receive a legacy of about $200,000 by the will of the late Rufus Waterhouse, manufacturer of men's furnishing goods. This is in the interest of consumptive sewing women, or consumptives dependent upon sewing women. Mr. Waterhouse's wife, whose name the ward will bear, died of the disease, and he saw many of the young women he employed in his business stricken with it, and unable to help themselves. He died childless.

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NEW YORK, DECEMBER, 1895.

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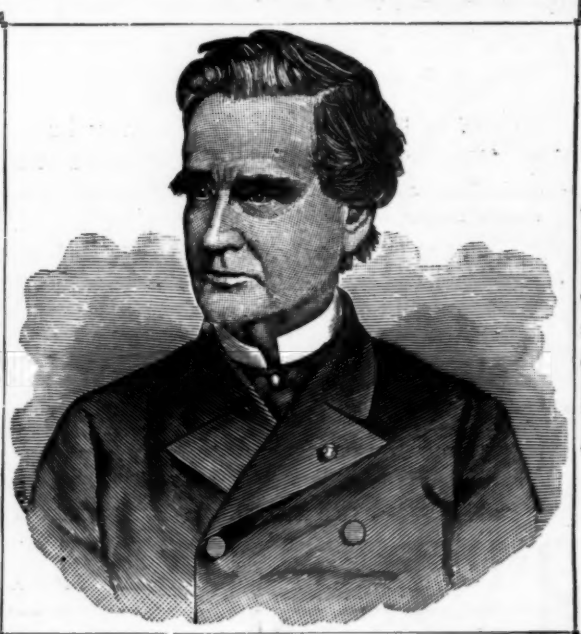

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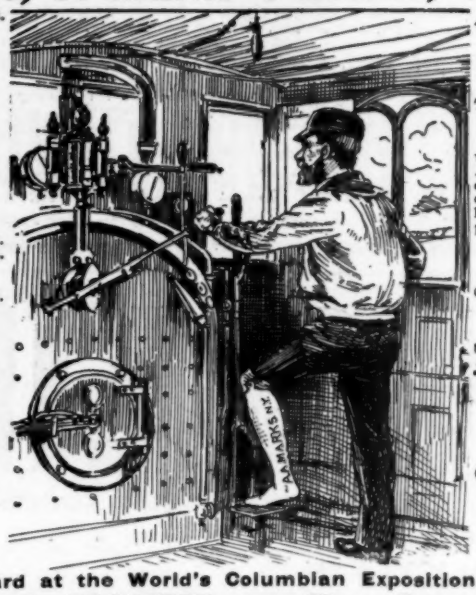

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It is quite generally accepted that pulmonary tuberculosis is caused by a bacillus. We are not sure about the specific cause of pneumonia, although much has been written on this point. Coughs, colds, la grippe and bronchitis come and go, even if we cannot exhibit them as entities under the microscope. It would indeed be a fortunate thing if there were one common lung bacillus, the destruction of which would remove the cause of all respiratory affections, and we had as perfect a specific for it as we have for Laveran's parasite. But under the present condition of things we can only meet indications, treat symptoms and trust to nature. In the treatment of throat and lung affections, one remedy of the materia medica stands out more prominently than all others. Codeine has the marked peculiarity of controlling coughs and relieving the irritated and inflamed lining to the respiratory tract without arresting secretion. Here it shows its value over morphine. It is not followed by constipation; neither is the mucous membrane of the throat and bronchial tubes made dry. To control the cough and quiet the irritation, at the beginning of an attack, is often the preventive to most serious trouble. There is another remedy which must occur to the mind of every well posted physician as especially applicable to these conditions. The power of Antikamnia to reduce fever and thus control inflammation makes it one of the best preventive and curative agents. The combination of two such clearly defined remedies for respiratory affections has been demonstrated to be most fortunate. They are prepared in the form of tablets, 4¾ grains Antikamnia and ¼ grain Sulph. Codeine.

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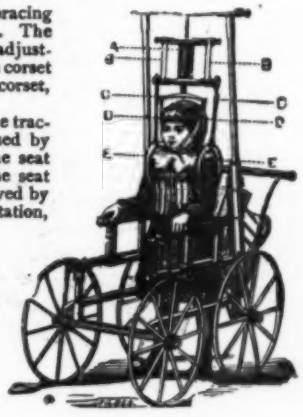

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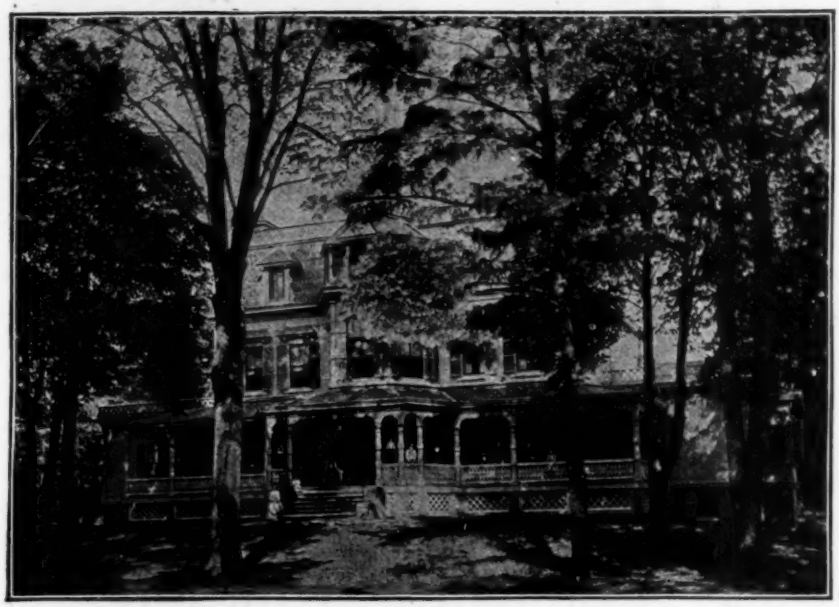

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